

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039365

FILED VS NOV 19 1959

STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 194

ENDED

| | | | |
|--|-----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Clay</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Clay Co.</u> b. COUNTY <u>Mo</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>North Kansas City</u> | Length of stay in 1b <u>1 day</u> | c. CITY OR TOWN <u>Kansas City</u> | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT IN hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>5328 N. Denver</u> |

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|--|----------------------------|--|---|---|--|
| 3. NAME OF DECEASED (Type or print) First <u>Nellie</u> Middle <u>F. McIntire</u> Last <u></u> | | | 4. DATE OF DEATH Month <u>Nov.</u> Day <u>13</u> Year <u>1959</u> | | |
| 5. SEX <u>F.</u> | 6. COLOR OR RACE <u>W.</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>2-25-1895</u> | 9. AGE (last birthday) <u>64</u> | IF UNDER 1 YEAR Months <u></u> Days <u></u> Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u></u> | 11. BIRTHPLACE (City and state or country) <u>Kindall, Mo</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |

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| 13a. FATHER'S NAME <u>Craig Murphy</u> | 13b. MOTHER'S MAIDEN NAME <u>Alice</u> | NAME OF HUSBAND OR WIFE <u>Jesse McIntire</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>497-28-9795</u> | 17. INFORMANT <u>William J. Cronley K.C. Mo</u> Address <u>207 E. 34th St</u> |

| | | |
|---|--------------------|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Circulatory Failure with Pulmonary edema, Hydrothorax and atelectasis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>7 hours</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease</u> | DUE TO (c) <u></u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u></u> | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u></u> |
| 20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u> | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u> |
| 20f. CITY, TOWN, OR LOCATION <u></u> | COUNTY <u></u> | STATE <u></u> |

21. I attended the deceased from Nov. 7, 1959 to Nov. 13, 1959 and last saw her alive on Nov. 13, 1959
Death occurred at 12:15 p.m. Nov. 13, 1959 on the date stated above, and to the best of my knowledge, from the causes stated.

| | | |
|---|---|---|
| 22a. SIGNATURE (Degree or title) <u>Albert P. Kovac, M.D.</u> | 22b. ADDRESS <u>2510 E. Vivian Rd. Rep Mo</u> | 22c. DATE SIGNED <u>11/14/59</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>11-13-59</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Trenton</u> |
| 23d. LOCATION (City, town, or county) <u>Trenton, Mo.</u> | 23e. STATE <u>Mo.</u> | |

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| 24. FUNERAL DIRECTOR <u>D.W. Newcomer N.K.C.Mo</u> | ADDRESS <u></u> | 25. DATE RECD. BY LOCAL REG. <u>11-14-59</u> | 26. REGISTRAR'S SIGNATURE <u>Marquitta Hudgens</u> |
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

all 3.52250 2510. Unusual after 12:30 today

NOV 22 1951 SA

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

John W. Herrick Jr.

Licensed Embalmer No. 4848

P. O. Address H. B. 17th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.