URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-040132

STATE FILE NUMBER

FILED VS NOV 30 1959 149 Registration District No. 1002 Primary Registration District No. 5449 Registrar's No.

AMENDED

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: 11 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 3735 Flora — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3735 Flora — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: JOHN Middle: Last: INDORF
4. DATE OF DEATH: Month November Day 11th Year 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 11-4-1865
9. AGE (last birthday): 94 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Retail Shoe Merchant
11. BIRTHPLACE (City and state or country): Helvesiek, Germany
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Claus Indorf
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Mrs. Ida C. Indorf
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: George H. Indorf, Address: Kansas City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Squamous Cell Carcinoma of throat — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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

21. I attended the deceased from 1954, to 11 Nov 59 and last saw ~~her~~ him alive on 18 Oct 59
Death occurred at 8 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Jean B. Willoughby (Degree or Title) M.D.
22b. ADDRESS: K C Missouri
22c. DATE SIGNED: 12 Nov 59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11-14-1959
23c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
23d. LOCATION (City, town, or county) (State): Hannibal, Mo.
24. FUNERAL DIRECTOR: Freeman Mortuary, ADDRESS: Kansas City, Mo.
25. DATE RECD. BY LOCAL REG.: 11-12-59
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

Jean B. Willoughby

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Walter H. Earn

Signature of Student Embalmer

Licensed Embalmer No. 4352

P. O. Address K. C. M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.