

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-029464

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3742

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| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY JOHNSON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY | | Length of stay in 1b 1 WEEK | c. CITY OR TOWN PRAIRIE VILLAGE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 2127 WEST 79TH STREET Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First JOSEPH Middle ALEXANDER Last McINTOSH | | | 4. DATE OF DEATH Month JULY Day 25 Year 1961 | | | |
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| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 8/14/90 | 9. AGE (last birthday) 70 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN | 10b. KIND OF BUSINESS OR INDUSTRY HOLSUM FOOD PROD. | 11. BIRTHPLACE (City and state or country) RIVER BOURGEOUS, CANADA | 12. CITIZEN OF WHAT COUNTRY U. S. A. |
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| 13a. FATHER'S NAME ALEXANDER McINTOSH | 13b. MOTHER'S MAIDEN NAME CECILIA McDOUGALL | 14. NAME OF HUSBAND OR WIFE ELIZABETH L. McINTOSH |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | 17. INFORMANT ELIZABETH L. McINTOSH Address 2127 WEST 79TH PRAIRIE VILL. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) | Anteriosclerotic heart disease | 3 yrs |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Coronary atherosclerosis | 3 yrs |
| | DUE TO (c) | |

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| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input 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.) |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ | Month, Day, Year |
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| 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.) | 20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____ |
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21. I attended the deceased from Aug. 1959 to July 1961 and last saw him alive on July 25, 1961
Death occurred at 6:20 P.M. on the date stated above, and to the best of my knowledge from the causes stated.

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| 22a. SIGNATURE (Degree or title) E. J. Slentz | 22b. ADDRESS 4620 Nichols Plavey, Kansas City, Mo. | 22c. DATE SIGNED 7/26/61 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE JULY 28, '61 | 23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY | 23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI |
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| 24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS KANSAS CITY, MO. | ADDRESS 1331 BRUSH CR. | 25. DATE RECD. BY LOCAL REG. 7-27-61 | 26. REGISTRAR'S SIGNATURE Ruth Long |
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DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
Slentz
ITEM NO.
SHOULD READ

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 Herold L. Catterna

Licensed Embalmer No. 3035

P. O. Address Herold L. Catterna

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.