No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DELAYED

State File No. 26680A

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Adair County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville, Mo.
c. LENGTH OF STAY (In this place): one week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Laughlin Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Clark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wyaconda, Mo. ''Rural''
d. STREET ADDRESS (If rural, give location): 3 miles north east

3. NAME OF DECEASED (Type or Print)
a. (First): Ira
b. (Middle):
c. (Last): Ingold

4. DATE OF DEATH (Month) (Day) (Year): July 22 1945

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): mrried
8. DATE OF BIRTH: Aug. 16, 1883
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Clark County, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Sidney F. Ingold
13b. MOTHER'S MAIDEN NAME: Emmma Ambler
14. NAME OF HUSBAND OR WIFE: Martha Ingold

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.:
17. INFORMANT'S SIGNATURE OR NAME: Martha Ingold — **ADDRESS**: Wyaconda, Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Strangulated hernia

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 1, 1945, *to* July 22, 1945, *that I last saw the deceased alive on* July 22, 1945, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: B. F. Hutchinson — (Degree or title): D.O.
23b. ADDRESS: Wyaconda, Mo.
23c. DATE SIGNED: 5-8-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 24 45
24c. NAME OF CEMETERY OR CREMATORY: Wyaconda Cemetery
24d. LOCATION (City, town, or county) (State): Wyaconda, Mo

DATE REC'D BY LOCAL REG.: 6/17/49 by MBW.
REGISTRAR'S SIGNATURE: Mrs Kate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE: X Gerk & Burkett — **ADDRESS**: Wyaconda Mo

(Licensed Embalmer's Statement on Reverse Side)

JUN 17 1940

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.

Signed Geo. V. Boobett

Signed ..... Student Embalmer

Licensed Embalmer No. 1817

P. O. Address Wyaconda, Mo

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