S. No. 300
. 10-48

FILED JUL 26 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24380

BIRTH NO. — REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5975 Registrar's No. 100

8 4 8

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

1. PLACE OF DEATH
a. COUNTY: Polk (S. McKinley)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Polk
c. LENGTH OF STAY (in this place): Lifer
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): North Part of Polk

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Polk
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Polk
d. STREET ADDRESS (If rural, give location): North Part of Polk, Mo

3. NAME OF DECEASED (Type or Print)
a. (First): Greed
b. (Middle): Berry
c. (Last): Inglis

4. DATE OF DEATH (Month) (Day) (Year): June 30 1949

5. SEX: M
6. COLOR OR RACE: Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov 4 1876
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 7, Days 26 — IF UNDER 1 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: Farming
11. BIRTHPLACE (State or foreign country): Polk Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James Inglis
13b. MOTHER'S MAIDEN NAME: Rachel (P. Dugan)
14. NAME OF HUSBAND OR WIFE: Elsie Inglis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Mrs. G. B. Inglis — ADDRESS: Polk 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): Terminal Pneumonia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
Bronchial asthma
DUE TO (c): Prostatic obstruction

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.
Hypertensive Heart Disease — 4500

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* Feb., 1949, *to* June 27, 1949, *that I last saw the deceased alive on* June 27, 1949, *and that death occurred at* 2:30 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. D. Smith M.D.D.
23b. ADDRESS: Bolivar Mo
23c. DATE SIGNED: June 30 49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 3 1949
24c. NAME OF CEMETERY OR CREMATORY: Farmer Cemetery
24d. LOCATION (City, town, or county): Near Polk (State) Mo

DATE REC'D BY LOCAL REG.: July 19, 1949
REGISTRAR'S SIGNATURE: Ralph Gardner per Jewell Gar
258
25. FUNERAL DIRECTOR'S SIGNATURE: Carmichael Bros — ADDRESS: Bolivar, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 6-49-895
Date Filed 2-25-49

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 ..... Student Embalmer

Signed Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Palmyra 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.