

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39994

State File No. _____

FILED DEC 6 1949

BIRTH NO. _____ REG. DIST. NO. 358 PRIMARY REG. DIST. NO. 6215 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY VERNON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY VERNON	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL-OSAGE TWP. 148 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) RURAL-OSAGE	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 5 MI. SOUTH OF RICH HILL, MO.	
d. FULL NAME OF HOSPITAL OR INSTITUTION RED #3-RICH HILL, MO.			

3. NAME OF DECEASED (Type or Print) a. (First) LAWRENCE b. (Middle) - c. (Last) INGRAM.		4. DATE OF DEATH (Month) (Day) (Year) NOV-20-1949	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCTOBER-27-1901
9. AGE (In years last birthday) 48		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	11. BIRTHPLACE (State or foreign country) MISSOURI
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME NIMROD INGRAM.	13b. MOTHER'S MAIDEN NAME MARY CASTELLO.	14. NAME OF HUSBAND OR WIFE MAGGIE INGRAM.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 490-30-1550	17. INFORMANT'S SIGNATURE OR NAME Maggie Ingram-Rich Hill, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute left ventricular failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Mitral stenosis & regurgitation DUE TO (c) Chr. rheumatic heart disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		HIOX	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-7, 1945, to 11-20, 1949, that I last saw the deceased alive on 11-10, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE E. Moten Cain, M.D.	23b. ADDRESS Neosho, Mo.	23c. DATE SIGNED 11-22-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Nov-22-1949	24c. NAME OF CEMETERY OR CREMATORY CARRAN CENTER.	24d. LOCATION (City, town, or county) (State) VERNON COUNTY - MO.
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DATE REC'D BY LOCAL REG. Nov. 22-49	REGISTRAR'S SIGNATURE Mrs Sarah E. Gray	25. FUNERAL DIRECTOR'S SIGNATURE Broth Funeral New Rich Hill, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

District Health Officer No. 7,

District File Number 11-89428

Date Filed 12-5-79

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 John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.