

FILED OCT 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29717**

BIRTH NO. _____ REG. DIST. NO. **387** PRIMARY REG. DIST. NO. **4095** Registrar's No. **15**

1. PLACE OF DEATH a. COUNTY CARROLL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HALE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tina,	
c. LENGTH OF STAY (in this place) 3 weeks		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Minnie Woodard Residence			

3. NAME OF DECEASED (Type or Print) a. (First) ROSETTA b. (Middle) XX c. (Last) INGRAM			4. DATE OF DEATH (Month) (Day) (Year) Sept. 27, 1950	
5. SEX F / W	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH May 19, 1879	9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months 4 Days 8 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Livingston Co. Missouri	
12. CITIZEN OF WHAT COUNTRY? USA				

13a. FATHER'S NAME Sterling L. Silvey		13b. MOTHER'S MAIDEN NAME Missouri ANN Root		14. NAME OF HUSBAND OR WIFE Edward Ingram,	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO XX		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Curtis Ingram Downing, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC FAILURE with ANASARCA.		INTERVAL BETWEEN ONSET AND DEATH 3 WKS.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage.		3 mos.
	DUE TO (c) Diabetes Mellitus (mild)		10 YRS.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 26 AX			

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 **July 27, 1950**, to **Sept. 27, 1950**, that I last saw the deceased alive on **9/23, 1950**, and that death occurred at **5:30 A.M.**, from the causes and on the date stated above.

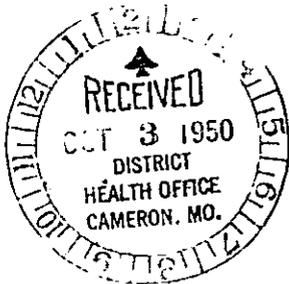
23a. SIGNATURE (Degree or title) R. W. Matheny	23b. ADDRESS 2002 Chickadee, Missouri	23c. DATE SIGNED 9/28/50.
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 29, 1950	24c. NAME OF CEMETERY OR CREMATORY Rock Branch	24d. LOCATION (City, town, or county) (State) Tina, Missouri
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DATE REC'D BY LOCAL REG. Sept. 29, 1950	REGISTRAR'S SIGNATURE Mrs. Rex Henderson	49	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clifford W. Austin Tina, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0170



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.....

..... working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed.....

Licensed Embalmer No. #3233.

P. O. Address Tina, Missouri.

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.