

S. No. 300  
v. 10.48

FILED MAY 11 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13551

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 44

1. PLACE OF DEATH  
a. COUNTY Pike

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo. b. COUNTY Pike

b. CITY (If outside corporate limits, write RURAL and give township) Louisiana c. LENGTH OF STAY (If this place) 2 days

c. CITY (If outside corporate limits, write RURAL and give township) Louisiana, Ordovica

d. FULL NAME OF HOSPITAL OR INSTITUTION Pike County Hospital d. STREET ADDRESS (If rural, give location) 0820

3. NAME OF DECEASED  
a. (First) Heber b. (Middle) ASHF c. (Last) Ingols

4. DATE OF DEATH (Month) (Day) (Year) 5 5 1951

5. SEX Male 6. COLOR OR RACE W. 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 5-24-1901 9. AGE (In years last birthday) 49 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) CHEMICAL ENGINEER 10b. KIND OF BUSINESS OR INDUSTRY Chem. Eng. 11. BIRTHPLACE (State or foreign country) Newark, New Jersey 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Arthur A. Ingols 13b. MOTHER'S MAIDEN NAME Smalley 14. NAME OF HUSBAND OR WIFE Margaret Ingols

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. 221-03-9745 17. INFORMANT'S SIGNATURE OR NAME Hospital Record ADDRESS Louisiana, Mo.

18. CAUSE OF DEATH  
Enter only one cause for 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.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary Artery Thrombosis and Pulmonary Infarcts  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 60 hrs.

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) 4201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 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 5-3, 1951, to 5-5, 1951, that I last saw the deceased alive on 5-5, 1951, and that death occurred at 4:55 p m. from the causes and on the date stated above.

23a. SIGNATURE Chas. H. Lewellen M.D. (Degree or title) 23b. ADDRESS Louisiana Mo 23c. DATE SIGNED 5/5/51

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 24b. DATE MAY 7, 1951 24c. NAME OF CEMETERY OR CREMATORY NEWARK, NEW JERSEY 24d. LOCATION (City, town, or county) (State) \_\_\_\_\_

DATE REC'D BY LOCAL REG. MAY 7, 1951 REGISTRAR'S SIGNATURE Bernice Collier 25. FURNERAL DIRECTOR'S SIGNATURE HALEY MORTUARY ADDRESS LOUISIANA

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

0820

(Licensed Embalmer's Statement on Reverse Side)

Mo.

MAY 26 1951

MAY 29 1951

Date Received: MAY 10 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 5-57-882  
Date Filed: MAY 10 1951

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 Embalmer No.....

Signed George M. Collier

Signed.....  
Student Embalmer

Licensed Embalmer No. 3837

P. O. Address Louisiana, 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.