

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23314**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 8026 Registrar's No. 281

1485

WRITE PLAINLY - USING UNFAADING BLACK INK - MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence, 1485</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Residence, 820 S. Cottage</b>		d. STREET ADDRESS (If rural, give location) <b>820 S. Cottage</b>	

3. NAME OF DECEASED a. (First) <b>John</b> b. (Middle) _____ c. (Last) <b>Ingram</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 30, 1951</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>July 17, 1879</b>		9. AGE (In years last birthday) <b>72</b> if UNDER 1 YEAR Months _____ Days _____ if UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Watchman (retired)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Witte Engine Wks</b>		11. BIRTHPLACE (State or foreign country) <b>Aberdeen, Scotland</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>George Ingram</b>		13b. MOTHER'S MAIDEN NAME <b>Helen Taylor</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Ida Mae Ingram</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>490 09 1045</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ida Mae Ingram, Independence, Mo.</b> ADDRESS _____	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Hypertension + Chronic Myocarditis</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) _____			

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) <b>4201</b>	
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 Jan. 1940 to July, 30, 1951, that I last saw the deceased alive on July 29, 1951, and that death occurred at 3:15P m., from the causes and on the date stated above.

23a. SIGNATURE <b>Bernard Shablin M.D.</b> (Degree or title)		23b. ADDRESS <b>3705 St. John St. Q. No. 7-30-51</b>		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8/2/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Blue Springs, Mo.</b>	
24d. LOCATION (City, town, or county) (State) <b>Blue Springs, Mo.</b>		DATE REC'D BY LOCAL REG. <b>Aug 1-1951</b>		REGISTRAR'S SIGNATURE <b>Geo. C. Carson</b> ADDRESS <b>Independence, Mo.</b>	

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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 M. Heiman*

Licensed Embalmer No. *4704*

P. O. Address *Independence,*

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.