

FILED AUG 20 1951

STANDARD CERTIFICATE OF DEATH

State File No. **26186**
876
Registrar's No. **870**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan 0105</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u> | |
| c. LENGTH OF STAY (in this place) <u>4 days</u> | | d. STREET ADDRESS (If rural, give location) <u>2105 A.O. 6th St. 0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>no Methodist Hospital</u> | | | |

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|--|---|--|---|---|---|
| 3. NAME OF DECEASED (Type or Print) <u>LAWBAK. INGRAM</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 12 1951</u> | | |
| a. (First) | b. (Middle) | c. (Last) | 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> |
| 8. DATE OF BIRTH <u>Feb 22 1879</u> | 9. AGE (In years last birthday) <u>72</u> | 10. USUAL OCCUPATION (Of the kind of work done during most of working life, even if retired) <u>House Wife</u> | 11. BIRTHPLACE (State or foreign country) <u>Lathrop MO 0</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | 13. KIND OF BUSINESS OR INDUSTRY <u>none</u> |

| | | |
|---|---|---|
| 13a. FATHER'S NAME <u>James Walker</u> | 13b. MOTHER'S MAIDEN NAME <u>Fennie Clark</u> | 14. NAME OF HUSBAND OR WIFE <u>Charles Ingram</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>John Hicks</u> |
| (If yes, give war or date of service) | NO. | ADDRESS <u>315 Antoine</u> |

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|--|---------------------------------------|--|----------------------------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | DUE TO (b) <u>Cerebral Thrombosis</u> | | <u>5 minutes</u> |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | DUE TO (c) <u>Arteriosclerosis</u> | | <u>2 weeks</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? <u>332X</u> YES <input type="checkbox"/> NO <input 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) (Min.) | 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 Aug. 9, 1951, to Aug. 12, 1951, that I last saw the deceased alive on Aug. 11, 1951, and that death occurred at p. m., from the causes and on the date stated above.

| | | |
|---|--|---|
| 23a. SIGNATURE <u>Quinn W. Stearns</u> (Degree or title) <u>MD</u> | 23b. ADDRESS <u>Tootle Building St. Joseph, Missouri</u> | 23c. DATE SIGNED <u>8-15-51</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>mount more</u> | 24b. DATE <u>8-16-51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>mount more Cem.</u> |
| 24d. LOCATION (City, town, or county) (State) <u>St Joseph MO</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Beatrice May</u> | ADDRESS <u>812 Pacific</u> |
| DATE REC'D BY LOCAL REG. <u>Aug. 22 1951</u> | REGISTRAR'S SIGNATURE <u>Carl C. Caslet</u> | |

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

APR 28 1937

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 Emma C. Cook

Licensed Embalmer No. 4238

P. O. Address St. Joseph

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.