

FILED SEP 11 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26452

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 227

1. PLACE OF DEATH a. COUNTY <u>COLE</u> <u>0264</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>COLE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY</u> <u>0264</u>	
c. LENGTH OF STAY (in this place) <u>6 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>206 HUB</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CARL</u> b. (Middle) <u>DOUGLAS</u> c. (Last) <u>INCE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 5, 1951</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 30, 1901</u>	9. AGE (in years last birthday) <u>50</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HIGHWAY MAINTENANCE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>JOE INCE</u>		13b. MOTHER'S MAIDEN NAME <u>VIOLA LAWSON</u>		14. NAME OF HUSBAND OR WIFE <u>LENA INCE</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>5-00-34-4919</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Carl Ince, 206 Hub, Jefferson City, Mo.</u>	
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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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial infarction</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease?</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4/200</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) _____	
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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? _____	
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22. I hereby certify that I attended the deceased from Sept 5, 1951, to Sept 5, 1951, that I last saw the deceased alive on Sept 5, 1951 and that death occurred at 5:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>C. P. Davis M.D.</u> (Degree or title)		23b. ADDRESS <u>Jeff. City, Mo.</u>		23c. DATE SIGNED <u>9-8-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 8-1951</u>		24c. NAME OF CEMETERY OR CREMATOR <u>Fairland</u>		24d. LOCATION (City, town, or county) (State) <u>Fairland, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Sept. 6-1951</u>		REGISTRAR'S SIGNATURE <u>R. P. Davis M.D. - M.R.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Marylin Funeral Home, Fulton, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

**RECEIVED**  
DISTRICT HEALTH OFFICE No. 3 9-10-51  
District File Number \_\_\_\_\_  
Date Filed 9-10-51

**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 Walter J. Haines, Jr.

Licensed Embalmer No. 76587

P. O. Address Fulton 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.