

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **27451**

No. 300
10-48

FILED SEP 10 1951

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Jefferson 0502</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jefferson</u>	
b. CITY OR TOWN <u>De Soto</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>De Soto 0502</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>307 So. 4th St.</u>		d. STREET ADDRESS (If rural, give location) <u>307 So. 4th St. 0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Paul</u> c. (Last) <u>Ingels</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 29-1951</u>		
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAR. 19-1906</u>	9. AGE (In years) UNDER 1 YEAR IF UNDER 18 HRS. last birthday) Months Days Hours Mins. <u>45</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PHYSICIAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Osteopathic</u>		11. BIRTHPLACE (State or foreign country) <u>Glen ARM-I 11.!</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>John Arthur Ingels</u>		13b. MOTHER'S MAIDEN NAME <u>Adella Drennan</u>		14. NAME OF HUSBAND OR WIFE <u>Cecelia Barbee Ingels</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NO77e</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Cecelia Ingels</u> ADDRESS <u>De Soto, Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		ANTECEDENT CAUSES DUE TO (b) <u>Coronary sclerosis</u>		<u>3 hours</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		<u>2 years</u>	
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>4201</u>		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) (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 Oct 20 1949 to aug 29 1951, that I last saw the deceased alive on aug 29 1951, and that death occurred at 8:56 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter V. McFriday M.D.</u>		23b. ADDRESS <u>De Soto, Mo.</u>		23c. DATE SIGNED <u>aug 31, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-1-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>	
				24d. LOCATION (City, town, or county) (State) <u>De Soto Mo</u>	

DATE REC'D BY LOCAL REG. <u>8-31-51</u>		REGISTRAR'S SIGNATURE <u>Marie Parry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>See Mathushead</u> ADDRESS <u>De Soto, Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED 9-3-51

SEP 26 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Andrew H England
84745

Licensed Embalmer No.

P. O. Address De Soto, 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.