

FILED NOV 23 1951

STANDARD CERTIFICATE OF DEATH

State File No. **38444**

BIRTH NO. _____		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>5990</u>		Registrar's No. <u>73</u>	
1. PLACE OF DEATH a. COUNTY <u>PUTNAM</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PUTNAM</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"RURAL" JACKSON TOWNSHIP</u>		c. LENGTH OF STAY (In this place) <u>LIFE TIME</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"RURAL" JACKSON TOWNSHIP</u>		<u>0869</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>     </u>				d. STREET ADDRESS (If rural, give location) <u>LUCERNE R. F. D.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DOLLIE</u> b. (Middle) <u>LAVERNE</u> c. (Last) <u>INGERSOLL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOVEMBER 7, 1951</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 10, 1889</u>		9. AGE (In years last birthday) <u>62</u>	10. MONTHS <u>6</u>	11. DAYS <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (State or foreign country) <u>PUTNAM COUNTY, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>JAMES ALLEN SCALF</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH JANE SCOTT</u>		14. NAME OF HUSBAND OR WIFE <u>CHARLES MILTON INGERSOLL</u>			
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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MR. C. M. INGERSOLL LUCERNE, MO. R. F. D.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>metastases</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Stomach</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		<u>151X</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)		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 <u>Nov 2</u> , 19 <u>51</u> , to <u>Nov 7, 1951</u> , that I last saw the deceased alive on <u>Nov 7</u> , 19 <u>51</u> , and that death occurred at <u>8:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Chas L. Judd M.D.</u>				23b. ADDRESS <u>Unionville Mo</u>		23c. DATE SIGNED <u>11/7/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11/9/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>UNION GROVE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>PUTNAM COUNTY, MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>11-15-51</u>		REGISTRAR'S SIGNATURE <u>Marvella Durham</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>COLSTOCK FUNERAL HOME</u> BY <u>John B. Comstock</u> UNIONVILLE, MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

860  
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NOV 20 1951

Date Received:

DISTRICT HEALTH OFFICE #2

District File Number 11-51-2

Date Filed:

NOV 20 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

*John N. Comstock*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3891

P. O. Address Unionville, 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.