

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18467

FILED JUN 11 1953

State File No. 0371115

BIRTH NO. 37131 REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 2/27 Registrar's No. 24251

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

492

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>			2. USUAL RESIDENCE (Where deceased lived for 1 year before death or 60 days before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Webb City</b>		c. LENGTH OF STAY (in this place) <b>Life</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Webb City</b>		0492
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jane Chinn Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>417 N. Tom St.</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>Michael</b> b. (Middle) <b>Anthony</b> c. (Last) <b>Ingram</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 5, 1953</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>June 5, 1953</b>		9. AGE (In years last birthday) <b>0</b>	IF UNDER 1 YEAR <b>0</b>	MONTHS <b>0</b>	DAYS <b>0</b>	IF UNDER 24 HRS. <b>2</b>	HOURS <b>40</b>	MIN. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Webb City, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>Lloyd Ingram</b>		13b. MOTHER'S MAIDEN NAME <b>Rosa Ethridge</b>		14. NAME OF HUSBAND OR WIFE	
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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) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Rosa Ingram</b>		ADDRESS <b>417 N. Tom St. Webb City, Mo.</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Respiratory Failure</b>				<b>2 Hrs. 40 M</b>	
			ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <b>Prematurity</b> rise to the above cause (a) stating the underlying cause last. 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		<b>774X</b>		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) m.			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 **June 5, 1953**, to **June 5, 1953**, that I last saw the deceased alive on **June 5, 1953** and that death occurred at **3:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. W. Forbes</b>		(Degree or title) <b>D.O.</b>		23b. ADDRESS <b>Webb City, Mo.</b>		23c. DATE SIGNED <b>6-6-53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-6-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Carterville Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Carterville, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>6-6-53</b>		REGISTRAR'S SIGNATURE <b>Max Madeline Surtz</b>		474		25. FUNERAL DIRECTOR'S SIGNATURE <b>Johnston-Arnce-Simpson</b>		ADDRESS <b>Webb City, Mo.</b>	
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RECEIVED 6-9-53  
Jasper County Health Office

County File Number 53-6-502

Date Filed 6-9-53

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 Jack e Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City, 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.