

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24012

State File No. _____

No. 300
10-48

FILED AUG 3 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 839

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Washington Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0110</u> OR TOWN <u>Rural Washington Township</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lake Contrary R# 6. St. Joseph, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Lake Contrary R# 6. St. Joseph, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lee</u> b. (Middle) <u>Forest</u> c. (Last) <u>Ingersoll</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 27, 1953.</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>December 31, 1868</u>	9. AGE (In years last birthday) <u>84</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Amusement Park Builder and Constructor.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Elmira, N. Y.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Le Grande Ingersoll</u>	13b. MOTHER'S MAIDEN NAME <u>Augusta Wells</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Ingersoll</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>499-16-5093</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Anna Ingersoll</u>	ADDRESS <u>R#6 St. Joseph, 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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Congestive Heart Failure</u>		<u>1 week</u>
	* ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart Disease</u> DUE TO (c) <u>Hypertension, essential</u>		<u>unknown</u>
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.			<u>unknown</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>443 X</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) 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 July 1, 1953, to July 27, 1953, that I last saw the deceased alive on July 26, 1953, and that death occurred at 2:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Marion E. Wagner M.D.</u>	23b. ADDRESS <u>301 Illinois St. Joseph</u>	23c. DATE SIGNED <u>7-30-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 29, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Mora Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>July 31, 1953</u>	REGISTRAR'S SIGNATURE <u>Arthur M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Maierhoffer-Felkman</u>	ADDRESS <u>St. Joseph, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

2110

AUG 4 1956

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 *Raymond W. Berche*
Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Missouri.

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.