

FILED JAN 14 1954

STANDARD CERTIFICATE OF DEATH

State File No. 43527

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

BIRTH NO. _____		REG. DIST. NO. 181		PRIMARY REG. DIST. NO. 5476-Registrar's No. 44	
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Lincoln</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Siles</u> 0570	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Home</u>			d. STREET ADDRESS (If rural, give location) 0		
3. NAME OF DECEASED (Type or Print) <u>DORA</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 7 1953</u>		
5. SEX <u>Female</u>			6. COLOR OR RACE <u>white</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>			8. DATE OF BIRTH <u>Nov. 2, 1862</u>		
9. AGE (In years last birthday) <u>91</u>			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		
11. BIRTHPLACE (State or foreign country) <u>Lincoln Co. Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		
13a. FATHER'S NAME <u>Jonathan Ingram</u>			13b. MOTHER'S MAIDEN NAME <u>Elyabeth Waterman</u>		
14. NAME OF HUSBAND OR WIFE <u>Don't know</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>none</u>		
16. SOCIAL SECURITY NO. <u>none</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Ferrel Williams</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.  1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY Thrombosis.</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIO-SCLEROSIS.</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  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) <u>4201</u>			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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Joseph J. Marsh</u> CORONER (Degree or title) <u>Lincoln Co. Mo.</u>			23b. ADDRESS <u>TROY, MISSOURI.</u>		
23c. DATE SIGNED <u>12/7/53</u>			24a. BURIAL CREMA- TION REMOVAL (Specify) <u>Burial</u>		
24b. DATE <u>Dec. 8 1953</u>			24c. NAME OF CEMETERY OR CREMATORY <u>New Liberty Cemetery</u>		
24d. LOCATION (City, town, or county) (State) <u>Lincoln Co. MO</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Grace Bankhead Bowling Green</u>		
25. DATE REC'D BY LOCAL REG. <u>1-12-54</u>			25. REGISTRAR'S SIGNATURE <u>Mrs. Chene Kennedy</u>		

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.....  
Student Embalmer

Signed.....

Licensed Embalmer No. 4597

P. O. Address Bowling Green

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.