No. 300
10.48

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

FILED JAN 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 45669

BIRTH NO. _____ REG. DIST. NO. 371 PRIMARY REG. DIST. NO. 6260 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY: Webster 1120
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshfield Rt4
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: Webster
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshfield Rt. 4 1120
d. STREET ADDRESS (If rural, give location): 10 Mi. N. of Fordland Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Madison
c. (Last): Ince

4. DATE OF DEATH (Month) (Day) (Year): Dec. 22 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Feb. 7 1879
9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Ince
13b. MOTHER'S MAIDEN NAME: Alice Castel
14. NAME OF HUSBAND OR WIFE: Julia — Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mae McDonald
ADDRESS: Fordland Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia Recurrent — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Vascular accident — 4 weeks
DUE TO (c) Hypertensive Heart disease — 10 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
congestive cardiac failure — 3 weeks

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 443X
20. AUTOPSY? YES ☐ NO ☑

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov. 28, 1953, *to* Dec. 22, 1953, *that I last saw the deceased alive on* Dec. 15, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. M. Macdonnell MD
23b. ADDRESS: Marshfield, Mo.
23c. DATE SIGNED: 1/10/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 27 1953
24c. NAME OF CEMETERY OR CREMATORY: Cass Chapel
24d. LOCATION (City, town, or county) (State): Webster County Mo.

DATE REC'D BY LOCAL REG.: 1-13-54
REGISTRAR'S SIGNATURE: Opal M. Good
25. FUNERAL DIRECTOR'S SIGNATURE: Max F Miller
ADDRESS: Fordland Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Max L Miller

Signed.....
Student Embalmer

Licensed Embalmer No. 4720

P. O. Address Fordland Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.