

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2194**

BIRTH NO. **FEB 1 1954** REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **4379** Registrar's No. **56**

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pickering		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pickering	
c. LENGTH OF STAY (in this place) 35 yrs.		d. STREET ADDRESS (If rural, give location) none	
d. FULL NAME OF HOSPITAL OR INSTITUTION Family home			

3. NAME OF DECEASED (Type or Print) a. (First) SADIE b. (Middle) ANN c. (Last) INGELS			4. DATE OF DEATH (Month) (Day) (Year) 1 23 54		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 3/4/74		9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (State or foreign country) Hopkins, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		10b. KIND OF BUSINESS OR INDUSTRY Own home	

13a. FATHER'S NAME Mack Ulmer		13b. MOTHER'S MAIDEN NAME Elizabeth Murphy		14. NAME OF HUSBAND OR WIFE Alva Ingels	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Alva Ingels, Pickering, Missouri	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Seriaty		INTERVAL BETWEEN ONSET AND DEATH 5 yrs.	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)			
		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) 794 X	
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 1/1, 1954 **Jan. 23, 1954**, **that I last saw the deceased alive on** 1/23, 1954 **and that death occurred at** 3:10 P. M. **from the causes and on the date stated above.**

23a. SIGNATURE (Degree or title) C. R. Holt M. D.		23b. ADDRESS Hopkins, Missouri		23c. DATE SIGNED 1/25/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1/25/54		24c. NAME OF CEMETERY OR CREMATORY Hopkins	
				24d. LOCATION (City, town, or county) (State) Hopkins, Missouri	

DATE REC'D BY LOCAL REG. 1-30-54		REGISTRAR'S SIGNATURE C. R. Holt		25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home, Maryville, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Clem M. Puci

Licensed Embalmer No. 1822

P. O. Address Mayfield 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.