

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19464**

No. 300  
10.48  
FILED JUL 12 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4256 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Holden</b>		c. LENGTH OF STAY (In this place) <b>3 yrs.</b>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Holden</b>		d. STREET ADDRESS (If rural, give location) <b>1st street.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1st street</b>		e. STREET ADDRESS (If rural, give location) <b>1st street.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>NEWMAN</b> c. (Last) <b>INGRAM</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 30, 1954</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>May 20, 1874</b>		9. AGE (In years last birthday) <b>80</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Linn Creek, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>	

13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Emma Knox Ingram</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no.</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Emma Knox Ingram, Holden, Mo.</b>	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metastatic Carcinomatosis</b>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>primary in rt. eye</b>					
		DUE TO (c) <b>Gen Arteriosclerosis</b>					
		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>192 X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Jan, 1954, to June, 1954, that I last saw the deceased alive on June 29, 1954, and that death occurred at 3:32 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Kelly Rawlins M.D.</b>		23b. ADDRESS <b>Holden Mo</b>		23c. DATE SIGNED <b>6/30/54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>July 3, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Holden Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Holden, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>July 1, 1954</b>		REGISTRAR'S SIGNATURE <b>Mrs G V Redford</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>E. B. CAST</b>		ADDRESS <b>HOLDEN MO</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 6 1954  
JOHNSON COUNTY HEALTH DEPT.

JAN 1 1955

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 EB Cant

Licensed Embalmer No. 4059

P. O. Address Hillside, 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.