

FILED NOV 1 - 1954

STANDARD CERTIFICATE OF DEATH

State File No. **35512**
Registrar's No. **9678**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pike</u>	
b. CITY OR TOWN <u>St. Louis, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarksville - mo 020</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Mo. Baptist Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>087</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Floyd</u> b. (Middle) <u>Russel</u> c. (Last) <u>Ingram</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 22 1954</u>			
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>Aug. 9th - 1889</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Days <u>2</u>	IF UNDER 24 HRS. Hours <u>18</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rural mail Carrier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>mail Carrier</u>		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John Ingram</u>	13b. MOTHER'S MAIDEN NAME <u>Nora Baxter</u>	14. NAME OF HUSBAND OR WIFE <u>Bessie Ingram Clarksville</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME/ ADDRESS <u>Bessie Ingram Clarksville Mo</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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		<u>6 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pyelonephritis</u> DUE TO (c) <u>Hypertensive cardiovascular dis.</u>		<u>1 yr</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of prostate</u>			<u>10 yr</u>
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)
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? <u>443XH</u>

22. I hereby certify that I attended the deceased from Jan. 1948, to Oct 22, 1954 that I last saw the deceased alive on Oct 21, 1954, and that death occurred at 1:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John L. Aarner M.D.</u>	23b. ADDRESS <u>114 N. Taylor St. Louis 8</u>	23c. DATE SIGNED <u>10-22-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 25, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clarksville E. E. Clarksville, Mo.</u>
24d. LOCATION (City, town, or county) (State)	24e. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harry C. Corral, Clarksville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>OCT 25 1954</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>	

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

NOV 28 1938

NOV 18 1938

JUL 24 1938

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.

Signed *Geo. M. Collier*

Signed.....
Student Embalmer

Licensed Embalmer No. *3839*

P. O. Address *Louisiana, 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.