

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **17641**  
Registrar's No. **108**

FILED JUN 28 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. \_\_\_\_\_

|  |  |   |                                   |   |  |  |  |
|--|--|---|-----------------------------------|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Audrain</b>  |  |   |                                   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b> |  |  |  |
| b. CITY OR TOWN <b>Mexico</b>  |  | c. LENGTH OF STAY (in this place)   |                                   | c. CITY OR TOWN <b>Mexico</b>   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Audrain County Hospital</b>   |  |   |                                   | STREET ADDRESS (If rural, give location) <b>913 S. Grove</b>  |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>J.</b>   |  | b. (Middle) <b>Bert</b>   |                                   | c. (Last) <b>Ingram</b>   |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>June 15, 1955</b>   |  |
| 5. SEX <b>Male</b>   |  | 6. COLOR OR RACE <b>White</b>   |                                   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b>  |  | 8. DATE OF BIRTH<br><b>Feb 13, 1875</b>  |  |
| 9. AGE (In years last birthday) <b>80</b>  |  | IF UNDER 1 YEAR<br>Months   |                                   | IF UNDER 1 YEAR<br>Days   |  | IF UNDER 24 HRS.<br>Hours Min.   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Wholesale Oil Distributor</b>  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY |   |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Pike County, Missouri</b>  |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |  |   |                                   | 13a. FATHER'S NAME<br><b>Marion Ingram</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Martha Williams</b>  |  |
| 14. NAME OF HUSBAND OR WIFE<br><b>Dec</b>  |  |   |                                   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>                       |  | 16. SOCIAL SECURITY NO.<br><b>Unk.</b>   |  |
| 17. INFORMANT'S SIGNATURE OR NAME<br><b>R.R. Ingram, Mexico, Mo.</b>   |  |   |                                   | ADDRESS   |  |  |  |
| 18. CAUSE OF DEATH.<br>Enter only one cause per line for (a), (b), and (c)   |  | MEDICAL CERTIFICATION   |                                   |   |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Tubercular Edema</b>   |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Bronchogenic Carcinoma</b> |                                   |   |  | <b>9 Mo.</b>   |  |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.   |  | DUE TO (c) <b>Arteriosclerosis</b>  |                                   |   |  |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>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) (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 <b>May 29, 1955</b> , to <b>June 15, 1955</b> , that I last saw the deceased alive on <b>June 15, 1955</b> , and that death occurred at <b>11 P. M.</b> , from the causes and on the date stated above. |  |   |                                   |   |  |  |  |
| 23a. SIGNATURE<br><b>William J. ...</b>  |  |   |                                   | (Degree or title)   |  | 23b. ADDRESS<br><b>1122 N. Clark, Mexico, Mo.</b>  |  |
| 23c. DATE SIGNED<br><b>6/17/55</b>   |  | 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                   | 24b. DATE<br><b>6-17-55</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Elmwood Cemetery</b>  |  |
| 24d. LOCATION (City, town, or county) (State)<br><b>Mexico, Missouri</b>   |  | DATE REC'D BY LOCAL REG<br><b>June 17 1955</b>  |                                   | REGISTRAR'S SIGNATURE<br><b>Blanche Neely</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>ARNOLD FUNERAL HOME</b>   |  |
|  |  |   |                                   | ADDRESS<br><b>Mexico, Mo.</b>   |  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 15 1956

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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.....  
Signature of Student Embalmer

Signed *Ray Miller*.....

Licensed Embalmer No. *H.H.*

P. O. Address *Mexico*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.