

STANDARD CERTIFICATE OF DEATH

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

BIRTH NO.		REG. DIST. NO. <u>389</u>		PRIMARY REG. DIST. NO. <u>5161</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>New Bloomfield Rt # 1</u>		c. LENGTH OF STAY (in this place) <u>4 mo's</u>		c. CITY OR TOWN <u>New Bloomfield</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ingram Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>RR # 1</u>			
3. NAME OF DECEASED (Type or Print) <u>MARCUS</u>		a. (First)		b. (Middle) <u>ELMER</u>		c. (Last) <u>INGRAM</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 5 '55</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter (Interior)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Motion picture studio</u>		8. DATE OF BIRTH <u>March 19 1887</u>		9. AGE (In years last birthday) Months Days <u>68 4 15</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Loudon County, Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>James Ingram</u>			
13b. MOTHER'S MAIDEN NAME <u>Laura Cardwell</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs Ruth Ingram</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			
16. SOCIAL SECURITY NO. <u>489-20-0354</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Ruth Ingram New Bloomfield, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Arteriosclerosis</u> ANTECEDENT CAUSES Morbid 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.				INTERVAL BETWEEN ONSET AND DEATH <u>100 years</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. HOW DID INJURY OCCUR?	
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"/>					
22. I hereby certify that I attended the deceased from <u>Aug 1</u> , 19 <u>55</u> , to <u>Aug 5</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Aug 6</u> , 19 <u>55</u> , and that death occurred at <u>10:30 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. M. D. Rusk M.D.</u> (Degree or title)				23b. ADDRESS <u>New Bloomfield Mo</u>		23c. DATE SIGNED <u>Aug 6 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/9/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fulton Memorial Cem. Fulton, Missouri</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>8/7/55</u>		REGISTRAR'S SIGNATURE <u>L. R. Clayton</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Tanner Funeral Serv., Jera.</u>			

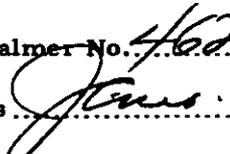
STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. 462

P. O. Address 

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.