

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30283

State File No.

FILED OCT 3-1955

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 235

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>		b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Maryville</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		f. STREET ADDRESS (If rural, give location) <u>117 N Davis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Jacob</u>	b. (Middle) <u>Lee</u>	c. (Last) <u>Ingram</u>	<u>9 - 21 - 1955</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>12-16-1867</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hopkins, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Goodson Ingram</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Elizabeth Johnson</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Florence A. Thompson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Florence A. Ingram, Maryville, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u> <u>unknown</u>
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hepatitis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cirrhosis</u> DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>5810</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from Aug. 2, 1955, to Sept. 21, 1955, that I last saw the deceased alive on Sept. 21, 1955, and that death occurred at 3 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. C. Durns</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Maryville Mo.</u>	23c. DATE SIGNED <u>9-23-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>9-25-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shearr Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Braddyville, Iowa</u>
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DATE REC'D BY LOCAL REG. <u>9-30-55</u>	REGISTRAR'S SIGNATURE <u>Bess Holt</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>SMC Johnson Maryville, Mo.</u>
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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.....
Signature of Student Embalmer

Signed *G. M. Atkinson*

Licensed Embalmer No. *22*

P. O. Address *Maryville*

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.