

STANDARD CERTIFICATE OF DEATH

FILED OCT 10 1955

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

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE MISSOURI b. COUNTY PIKE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LOUISIANA		c. CITY OR TOWN LOUISIANA	
c. LENGTH OF STAY (in this place) 43 YRS		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION PIKE COUNTY HOSPITAL		e. STREET ADDRESS (If rural, give location) 2400 NORTH CAROLINA	
3. NAME OF DECEASED (Type or Print) a. (First) MINNIE b. (Middle) FLORENCE c. (Last) INCE		4. DATE OF DEATH (Month) (Day) (Year) SEPT. 23, 1955	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT 27, 1878
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	
11. BIRTHPLACE (City and State or Foreign Country) CAMDEN CO, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JAMES M. DOYLE		13b. MOTHER'S MAIDEN NAME MARTHA JACKSON	
14. NAME OF HUSBAND OR WIFE WILLIAM HENRY INCE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. ?		17. INFORMANT'S SIGNATURE OR NAME WILLIAM H. INCE, LOUISIANA, MO	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Anticoagulation DUE TO (c) Cardiomegaly II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201	
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) (Minute) _____		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 9-20, 1955 , to 9-22, 1955 ; that I last saw the deceased alive on 9-22, 1955 , and that death occurred at 10:00 AM. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Chas A Lemellen M.D.		23b. ADDRESS Louisiana, Missouri	
23c. DATE SIGNED 9-24-55		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE SEPT 24, 1955		24c. NAME OF CEMETERY OR CREMATORY RIVERVIEW CEM, LOUISIANA, MO.	
24d. LOCATION (City, town, or county) (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE Geo. M. Collier	
DATE REC'D BY LOCAL REG. Sept 24, 1955		REGISTRAR'S SIGNATURE Bernice Collier	

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 *Geo. M. Collier*.....

Licensed Embalmer No. *383*.....

P. O. Address *Louisiana*.....

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.