

43515

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 15 1956

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4308 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE <u>Okla.</u> b. COUNTY <u>Delaware</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Noel, Mo.</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Jay</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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>McDonald Co. Osteopathic</u>		e. STREET ADDRESS (If rural, give location) <u>5 Miles North of Jay, 835 8</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Roy</u>	b. (Middle) <u>Leon</u>	c. (Last) <u>Ingram</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 20, 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Dec. 22, 1943</u>	9. AGE (In years last birthday) <u>12</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Age</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Delaware County, Okla</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Lloyd Ingram</u>	13b. MOTHER'S MAIDEN NAME <u>Audrey McKinzie</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Lloyd Ingram</u>	ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory paralysis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Cerebral Accident</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		<u>4 hrs.</u>
	DUE TO (c) <u>Hydrocephalus</u>		<u>9 years</u>
11. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

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)
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 1946, 19  , to Dec. 20, 1955, that I last saw the deceased alive on Dec. 20, 1955, and that death occurred at 11:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) <u>L.D. Fountain</u>	23b. ADDRESS <u>Noel, Missouri</u>	23c. DATE SIGNED <u>1-10-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Dec. 23, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Duffield</u>	24d. LOCATION (City, town, or county) (State) <u>Jay Delaware, Okla.</u>
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DATE REC'D BY LOCAL REG. <u>3-10-56</u>	REGISTRAR'S SIGNATURE <u>Margaret Humphrey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Tom Keashe</u>	ADDRESS <u>Jay Okla</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300  
48

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 Mae....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Tom Leach.....

Licensed Embalmer No. 99.....

P. O. Address Jay ok.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.