No. 300
10.48

FILED MAY 4 1956

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

13318

State File No.

BIRTH NO. ______ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1669

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

**1. PLACE OF DEATH**
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 18 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSPITAL

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 3512 FOREST

**3. NAME OF DECEASED** (Type or Print): a. (First) JOHN b. (Middle) S. c. (Last) INGRAM

**4. DATE OF DEATH**: (Month) April (Day) 12 (Year) 1956

**5. SEX**: Male

**6. COLOR OR RACE**: White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Divorced

**8. DATE OF BIRTH**: July 29, 1869

**9. AGE** (In years last birthday): 86 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Retired Tile Setter

**10b. KIND OF BUSINESS OR INDUSTRY**: For Self

**11. BIRTHPLACE** (City and State or Foreign Country): Liberty, Missouri

**12. CITIZEN OF WHAT COUNTRY?** U. S. A.

**13a. FATHER'S NAME**: —— Ingram

**13b. MOTHER'S MAIDEN NAME**: Paulina Rhodes

**14. NAME OF HUSBAND ~~OR WIFE~~**: Unknown

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): Yes (If yes, give war or dates of service): Spanish American

**16. SOCIAL SECURITY NO.**: None

**17. INFORMANT'S SIGNATURE OR NAME / ADDRESS**: Official VA Hospital Records, K. C. Mo.

## MEDICAL CERTIFICATION

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | Pulmonary congestion and edema | 6 hrs |
| ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) | | 6000 |
| DUE TO (c) | Chronic Pyelonephritis, bilateral | ? |
| II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* | Bronchopneumonia, R.U.L. and L.U.L. | |

**19a. DATE OF OPERATION**: 
**19b. MAJOR FINDINGS OF OPERATION**: 
**20. AUTOPSY?** YES [X] NO [ ]

**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) VA m.
**21e. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
**21f. HOW DID INJURY OCCUR?**

**22.** *I hereby certify that I attended the deceased from* March 8, 1956, *to* April 12, 1956, ~~that I last saw the deceased alive on~~ *and that death occurred at* 9:30 Pm., *from the causes and on the date stated above.*

**23a. SIGNATURE**: J. A. Turner (Degree or title) M.D.
**23b. ADDRESS**: VA Hospital, 4801 Linwood, Kansas City, Mo.
**23c. DATE SIGNED**: 4-13-56

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Apr. 18-1956
**24c. NAME OF CEMETERY ~~OR CREMATORY~~**: National Cemetery
**24d. LOCATION** (City, town, or county) (State): Fort Leavenworth Kansas

**DATE REC'D BY LOCAL REG.**: 4-17-56
**REGISTRAR'S SIGNATURE**: Neva Minshall
**25. FUNERAL DIRECTOR'S SIGNATURE**: D. W. Newcomer's Sons **ADDRESS**: 1331 Brush Creek Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Albert L. Savage

Licensed Embalmer No. 48

P. O. Address Kansas

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.