

FILED JUL 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24142

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 304

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>JOPLIN</b>		c. LENGTH OF STAY (in this place) <b>5 WEEKS</b>	c. CITY OR TOWN <b>JOPLIN</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSPITAL</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) <b>605 N. BYERS AVE. 04950</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>HELEN</b> b. (Middle) <b>AGNES</b> c. (Last) <b>ELLMAN (KUHLMeyer) INGRAM</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 12, 1956</b>
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>AUG. 26, 1890</b>	9. AGE (In years last birthday) <b>65</b> 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) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>CHICAGO, ILL.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				

13a. FATHER'S NAME <b>WM. F. KUHLMeyer</b>	13b. MOTHER'S MAIDEN NAME <b>UNK</b>	14. NAME OF HUSBAND OR WIFE <b>FINIS INGRAM, DECD 10-5-45</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. KARL KOOS, 605 N. BYERS, JOPLIN</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>3 yrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Surgery for diverticulitis</b>		
	DUE TO (c) <b>5721</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>12 July 56</b>	19b. MAJOR FINDINGS OF OPERATION <b>Extensive diverticulitis colon and rectum</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 8 June, 1956, to 12 July, 1956, that I last saw the deceased alive on 12 July, 1956, and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE <i>Norman H. Bennett</i>	(Degree or title)	23b. ADDRESS <b>9701 1st National Bldg.</b>	23c. DATE SIGNED <b>14 July 56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>CREMATION</b>	24b. DATE <b>7-16-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>D. W. NEWCOMERS' SONS, KANSAS CITY, MISSOURI</b>	24d. LOCATION (City, town, or county) (State) <b>MO.</b>
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DATE REC'D BY LOCAL REG. <b>7-16-56</b>	REGISTRAR'S SIGNATURE <i>Steve Merican</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

8-1-56

5260

Jasper County Health Office  
County File Number 56-7-576  
Date Filed JUL 19 1956

JUL 26 1956  
JUL 2 1956

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 *F. M. Jones*.....

Licensed Embalmer No. 2319

P. O. Address *Joplin*

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.