

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24635

State File No. _____

No. 300
10-48

FILED AUG 1 -- 1957

3289

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS City</u>		c. CITY OR TOWN <u>KANSAS City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>70 YEARS</u>		e. STREET ADDRESS (If rural, give location) <u>4234 VIRGINIA AVENUE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctors Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MINNIE</u> b. (Middle) <u>SOPHROMIA</u> c. (Last) <u>INGELS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 13, 1957</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Nov-25-1886</u>	9. AGE (In years last birthday) <u>70</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>RETIRED</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SCHOOL CAFETERIA</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS City, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William NELSON</u>	13b. MOTHER'S MAIDEN NAME <u>Christine PEARSON</u>	14. NAME OF HUSBAND OR WIFE <u>Boone INGELS</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>495-24-4595</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William H. Ingels</u> ADDRESS <u>4230 Cleveland K.C. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute dilation of heart</u>		INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u>		<u>5 yrs.</u>
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4222</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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 June 4, 1957, to July 13, 1957, that I last saw the deceased alive on July 13, 1957, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>F.W. Thompson, D.O.</u> (Degree or title)	23b. ADDRESS <u>705 Bryant Bldg</u>	23c. DATE SIGNED <u>7-13-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 16, 1957</u>	24c. NAME OF CEMETERY OR-CREMATORY <u>Forest Hill Cemetery</u>	24d. LOCATION (City, town or county) (State) <u>Kansas City, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>7-15-57</u>	REGISTRAR'S SIGNATURE <u>Gene Minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. NEWCOMERS</u> ADDRESS <u>1331 R. I. Mo. BRUSH CREEK BLVD</u>
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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 *Raymond M. Hardy*.....

Licensed Embalmer No. *4913*

P. O. Address *Indep, M*

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.