

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014249  
STATE FILE NUMBER

FILED APR 22 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1671

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2444 Brooklyn		Length of stay in lb 40yrs		d. STREET ADDRESS (If outside, give location) 2444 Brooklyn		
3. NAME OF DECEASED (Type or print) First BEULAH Middle LEE Last INGRAM			4. DATE OF DEATH Month 3 Day 30 Year 58			
5. SEX female 3	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH October 2, 1888	9. AGE (In years last birthday) 69 yrs. 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) Dietician		10b. KIND OF BUSINESS OR INDUSTRY Carver Nursery	11. BIRTHPLACE (City and state or country) Memphis, Tennessee /		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles Cloreston		13b. MOTHER'S MAIDEN NAME Jaunita Malone		14. NAME OF HUSBAND OR WIFE Zack Ingram		
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. 493-12-6301	17. INFORMANT Address Eva Mae Proctor El Reno, Oklahoma			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Congestive Heart Failure DUE TO (b) Hypertensive Cardio Vasculr Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH  443x	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.						
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from Nov. 6, 1947 to March 30, 1958 and last saw her alive on March 30, 1958 Death occurred at 9:36 A. M. m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE George H. Taft, M.D. (Degree or title)		22b. ADDRESS 2204 E. 18th St.		22c. DATE SIGNED 3-31-58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE April 1, 1958	23c. NAME OF CEMETERY OR CREMATORY -		23d. LOCATION (City, town, or county) (State) El Reno, Oklahoma		
24. FUNERAL DIRECTOR ADDRESS Watkins Bros. Funeral Home 18th & Benton		25. DATE RECD. BY LOCAL REG. 3-31-58	26. REGISTRAR'S SIGNATURE Eva Marshall			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Bruce P. Watkins* .....

Licensed Embalmer No. *4500*  
P. O. Address *18th & Pearl*

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.