

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014987  
State No. No. 150

FILED MAY 15 1958

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>150</u>	
1. PLACE OF DEATH a. COUNTY <b>Marion</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Pike</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Hannibal</b>		c. LENGTH OF STAY (in this place) <b>1 Hour</b>		c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Levering Hospital</b>				STREET ADDRESS (If rural, give location) <b>Salt River Town Ship</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Julian</b> b. (Middle) <b>Neil</b> c. (Last) <b>Ince</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 6 1958</b>				
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Feb 1 1898</b>	
9. AGE (In years last birthday) <b>60</b>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <b>Pike County Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>				13a. FATHER'S NAME <b>John Ince</b>		13b. MOTHER'S MAIDEN NAME <b>Annie Boloney Ince</b>	
14. NAME OF HUSBAND OR WIFE <b>Ora Mae Ince</b>				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>492-42-5855</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Ora Mae Ince</b>				ADDRESS <b>New London Mo.</b>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION - DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>4:30 P.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>H. L. Green</b> (Degree or title)				23b. ADDRESS <b>100 n 6th Hannibal</b>		23c. DATE SIGNED <b>5/6/58</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 9 1958</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fairview</b>		24d. LOCATION (City, town, or county) (State) <b>Grassy Creek Mo</b>	
DATE REC'D BY LOCAL REG. <b>5-12-58</b>		REGISTRAR'S SIGNATURE <b>Dr. M. Lucke</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. C. Fisher</b>		ADDRESS <b>Frankford Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED W A Y 1 3 1 9 5 6

MARION CO. HEALTH DEPT.

DATE FILED W A Y 1 3 1 9 5 6

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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 James O. Muddel  
Licensed Embalmer No. \_\_\_\_\_  
P. O. Address Bowling Green, Mo.

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.