

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033228

STATE FILE NUMBER

FILED OCT 7 1958

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 460

S. 300
1-57

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN JOPLIN, Mo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FREEMAN Hosp		Length of stay in lb 37 YRS.	d. STREET ADDRESS (If outside, give location) 2301 DELAWARE
3. NAME OF DECEASED (Type or print) First Middle Last MARGARET INGERSOLL			4. DATE OF DEATH Month Day Year SEPT 12 1958
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT 13 1920
9. AGE (In years last birthday) 37		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) HOUSEWIFE DOMESTIC		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) JOPLIN, Mo
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME HARRY GREENLEE	13b. MOTHER'S MAIDEN NAME CLARA LAMB
14. NAME OF HUSBAND OR WIFE MELVIN INGERSOLL		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. -
17. INFORMANT MELVIN INGERSOLL, JOPLIN		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage associated with a respiratory failure.			INTERVAL BETWEEN ONSET AND DEATH About 24 hours.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Total hysterectomy performed 9-10-58.			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 1	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <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 9-5-58 to 9-12-58 and last saw her alive on 9-12-58 Death occurred at 115 A. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Beulah Taylor (Degree or title)		22b. ADDRESS 410 Jackson, Joplin, Mo.	22c. DATE SIGNED 9-29-58
23a. BURIAL, CREMATION, EMBALM (Specify)	23b. DATE SEPT 16, 1958	23c. NAME OF CEMETERY OR CREMATORY OZARK MEM. PARK	23d. LOCATION (City, town, or county) (State) JOPLIN Mo
24. FUNERAL DIRECTOR Herbert Hoover, Joplin		25. DATE RECD. BY LOCAL REG. 10-1-1958	26. REGISTRAR'S SIGNATURE Walter Merriam

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Every corner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Dale Allen*
Licensed Embalmer No. *459*

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.