

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009901

STATE FILE NUMBER

66

8
FILED APR 6 1959

Registration District No. 157

Primary Registration District No. 3028

Registrar's No.

300
1-57
3

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN D.O.A. McCune Brooks		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Jasper
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune Brooks		Length of stay in 1b None	d. STREET ADDRESS (If outside, give location) Route # 1
3. NAME OF DECEASED (Type or print) First Middle Last Fred Lynn Ingle			4. DATE OF DEATH Month Day Year March 24, 1959
5. SEX Male	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 April 7, 1881
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret'd. Farmer	11. BIRTHPLACE (City and state or country) South of Carthage, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James M. Ingle	13b. MOTHER'S MAIDEN NAME Emma Hildreth
14. NAME OF HUSBAND OR WIFE Della Bradbury Ingle		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. 492-42-8299
17. INFORMANT Mrs. Della Ingle - Jasper, Mo. Rt. 1		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary hemorrhage	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 1 hour	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 WORK <input type="checkbox"/> NOT WHILE 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 3-19-59 to 3-24-59 and last saw her alive on 3-19-59 Death occurred at 3-24-59 8:20A on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Fred S. Wetzels (Deceased or title)		22b. ADDRESS M.D. Carthage, Missouri	22c. DATE SIGNED 3-24-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-26-59	23c. NAME OF CEMETERY OR CREMATORY Fasken Cemetery	23d. LOCATION (City, town, or county) (State) Jasper County, Mo.
24. FUNERAL DIRECTOR The Ulmer Funeral Home - Carthage, Mo.		25. DATE RECD. BY LOCAL REG. 3-25-59	26. REGISTRAR'S SIGNATURE Elly Clinton

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
 All diseases in Part I must be causally related.
 Fred S. Wetzels
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

AUG 15 1961

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 *Edwin S. Stone Jr.*

Licensed Embalmer No. *1955*

P. O. Address *Bartholomew, Ill.*

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.