

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016814
STATE FILE NUMBER

Health,
Welfare
Public
Service

300
-57

FILED MAY 18 1959		Registration District No. <u>042</u>	Primary Registration District No. <u>1000</u>	Registrar's No. <u>498</u>
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Buchanan</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>St. Joseph</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>308 Bartlett</u>		Length of stay in lb <u>80yrs</u>	d. STREET ADDRESS <u>2222 So 6th.</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>F</u> Last <u>Ingram</u>			4. DATE OF DEATH Month <u>May</u> Day <u>4</u> Year <u>1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 22, 1878</u>	9. AGE (In years last birthday) <u>81</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Re Switchman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>C.B.Q., R.E.</u>	11. BIRTHPLACE (City and state or country) <u>Peoria Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Fred Ingram</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Ball</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>
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>unk.</u>	17. INFORMANT Address <u>Marie Anderson, St. Joseph, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Left ventricular failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Mitral Stenosis</u> DUE TO (c) <u>410X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u> <u>years.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Elderly man been drinking</u>				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.) <u>Assisted to drive in yard where he died</u>		
20c. TIME OF INJURY Hour <u>1:30</u> a.m. <u>May 5 59</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from _____ and last saw ^{her} him <u>line on</u> <u>May 5 - 1959</u> Death occurred at <u>11:30</u> <u>a</u> m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <u>S. S. E. Meluney M.D.</u> (Degree or title) <u>3</u>		22b. ADDRESS <u>214 Theppalucke St. St. Joseph, Mo</u>		22c. DATE SIGNED <u>May 5 59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5/8/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Public Cemetery</u>	
24. FUNERAL DIRECTOR <u>John E. Supp</u>		ADDRESS <u>St. Joseph, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>May 9, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Wm. Clark Landell</u>

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Dr. S. S. E. Meluney

All diseases in Part I must be causally related.

656: 2 2 1959

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

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.