

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040833

FILED VS. DEC 1 1959

ENDED

Registration District 1959

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>LA GRANGE</u>		Length of stay in 1b		c. CITY OR TOWN <u>LA GRANGE</u>		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>At. Home</u>			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) <u>No street Address</u>		Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First Middle Last <u>Louanna - Admire</u>				4. DATE OF DEATH Month Day Year <u>November 5, 1959</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH <u>Nov. 2 1881</u>	9. AGE (last birthday) <u>78</u>	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife - Grocer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>		11. BIRTHPLACE (City and state or country) <u>Kahoka, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Abner S. INGMAN</u>		13b. MOTHER'S MAIDEN NAME <u>Lydia M. HANSBROUGH</u>		14. NAME OF HUSBAND OR WIFE <u>William L. Admire</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>486-38-6367-A</u>		17. INFORMANT Address <u>Mrs. J.S. QUINN - LaGrange, 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>Coronary Thrombosis</u> DUE TO (b) <u>pains in chest</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Refused to have medical attention</u>						PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>natural causes died while eating supper</u>					
20c. TIME OF INJURY Hour Month, Day, Year a.m. <u>11-5-59</u> p.m.	20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒ 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) <u>died at home.</u>						
20f. CITY, TOWN, OR LOCATION <u>La Grange</u>		COUNTY <u>Lewis Co.</u>		STATE <u>Mo.</u>			
21. I attended the deceased from _____, to _____ and I saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Mrs. Henry Lloyd, Local Registrar</u>				22b. ADDRESS <u>Canton, Mo.</u>		22c. DATE SIGNED <u>11-25-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov. 8, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>		23d. LOCATION (City, town, or county) <u>LaGrange, Mo</u>		(State)	
24. FUNERAL DIRECTOR <u>J. Kenneth Bailey - LaGrange, Mo</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>11-25-59</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Henry Lloyd</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

J. Kenneth Bailey

Licensed Embalmer No. 4248

P. O. Address Le Grange,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.