

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

=60-023990
STATE FILE NUMBER

FILED VS JUN 29 1960

Registration District No. 967 Primary Registration District No. 3049 Registrar's No. 186

S. 300
v. 1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Pemiscot			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN 0780		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pemiscot Co. Mem.		Length of stay in lb 4 days	d. STREET ADDRESS Box 1, Hayti, Mo.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) John Wesley INGRAM			4. DATE OF DEATH Month June Day 15 Year 1960		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 9-11-1862	9. AGE (In years at birthday) 97	IF UNDER 1 YEAR Months 9 Days 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farm Labor		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Trenton, Tennessee		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME John Ingram		13b. MOTHER'S MAIDEN NAME Harriot Mays		14. NAME OF HUSBAND OR WIFE	
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 Robert Ingram, Hayti, Mo.		
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 Heart Failure</u> DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>Myocardial Infarct -</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Malnutrition & Vitamin - 4200</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>10-20y</u> <u>2-3h</u>
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 _____ 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		20g. COUNTY STATE	
21. I attended the deceased from <u>June 2</u> to <u>June 15</u> and last saw him alive on <u>June 15, 1960</u> Death occurred at <u>June 15, 60</u> at <u>6:00</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Laconda Adams</u>			22b. ADDRESS <u>223 S. Third St</u>		22c. DATE SIGNED <u>7-27-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-19-60	23c. NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery		23d. LOCATION (City, town, or county) (State) Hyway 84, Pemiscot Co. Mo.	
24. FUNERAL DIRECTOR John W. German Fun. Home, Hayti, Mo.		25. DATE RECD. BY LOCAL REG. 6-17-60	26. REGISTRAR'S SIGNATURE <u>Laconda Adams</u>		

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 *John W. German*

Licensed Embalmer No. *4355*

P. O. Address *Hayti, Missouri*

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.