

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026931

FILED VS. JUL 5 1960

149

Primary Registration District No. 1002 Registrar's No.

3186

STATE FILE NUMBER

UNDECEASED

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Adair									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 1 hr.		c. CITY OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1011 Fuller		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Junior Middle Last Ingram				4. DATE OF DEATH Month June Day 13 Year 1960									
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 11-7-1920		9. AGE (last birthday) 39		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waldo Plumbing Co.				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Calton, Alabama		12. CITIZEN OF WHAT COUNTRY U. S. A.					
13a. FATHER'S NAME Curtis Ingram				13b. MOTHER'S MAIDEN NAME Anna Dennis				14. NAME OF HUSBAND OR WIFE Eula Schillie Ingram					
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 Address Mrs. Eula Schillie Ingram, K. C., Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) Acute Congestive Heart Failure										2-3 hours			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Insufficiency										none			
DUE TO (c) Generalized Visceral Venous Congestion										none			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m.		Month, Day, Year											
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 MAY 21-1960 to JUNE 8, 1960 and last saw her alive on JUNE 7, 1960 . Death occurred at 4:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Dr. Frederick A. Treffer D.O.						22b. ADDRESS 5512 Truman Rd. KC 27 Mo			22c. DATE SIGNED 6-14-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-15-60		23c. NAME OF CEMETERY OR CREMATORY La Plata Cemetery		23d. LOCATION (City, town, or county) La Plata, Missouri		(State)					
24. FUNERAL DIRECTOR Stine & McClure, Kansas City, Mo.				25. DATE RECD. BY LOCAL REG. 6-16-60		26. REGISTRAR'S SIGNATURE Neve Marshall							

DOCUMENT

BY AFFIDAVIT OF Frederick A. Treffer M.D. CERTIFICATION

0861 07 700 SA

Adair

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

William M. Turner

Licensed Embalmer No. *4648*

P. O. Address *Kansas City*

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.