URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-037335

FILED VS NOV 15 1960

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 262

NDED

1. PLACE OF DEATH a. COUNTY Audrain	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico — Length of stay in 1b YRS	c. CITY OR TOWN Mexico — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain County Hospital — Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 620 North Jeffries — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First FLORENCE Middle INGRAM Last			4. DATE OF DEATH Month November Day 3, Year 1960	
5. SEX Female	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 7-2-63	9. AGE (last birthday) 97 — 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) Widow at Home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Menefee Co., Kentucky	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Caldiron	13b. MOTHER'S MAIDEN NAME Hulda Gibbs	14. NAME OF HUSBAND OR WIFE Garrett Ingram, Dec'd		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. Harvey Walker, Mexico, Mo.		

MEDICAL CERTIFICATION

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)	Cardiac decompensation + uremia insufficiency	5 days
DUE TO (b)	Chronic myocardial demoge	yrs
DUE TO (c)	infirmities of age	yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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. ☐ 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.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10-31-60, to 11-3-60 and last saw her ~~him~~ alive on 10-31-60

Death occurred at 6/A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) G Mallenbach M.D.	22b. ADDRESS 321 N. Washington, Mexico, Mo.	22c. DATE SIGNED 11-4-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-5-60	23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	23d. LOCATION (City, town, or county) (State) Mexico, Missouri
24. FUNERAL DIRECTOR Arnold Funeral Home	ADDRESS 510 S. Washington Mexico, Mo.	25. DATE RECD. BY LOCAL REG. Nov. 5 1960	26. REGISTRAR'S SIGNATURE Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed Leo L. Whitak

Signature of Student Embalmer

Licensed Embalmer No. 478

P. O. Address Melic

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