

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-019789

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1358 STATE FILE NUMBER

FILED MAY 22 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY ST. LOUIS			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE WISCONSIN b. COUNTY FLORENCE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MISSOURI		Length of stay in 1b 7 HOURS	c. CITY OR TOWN FLORENCE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS NONE		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First HIRAM Middle D. F. Last INGRAM			4. DATE OF DEATH Month MAY Day 12 Year 1961			
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 6-24-91	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CIVIL ENGINEER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) IRON MOUNTAIN, MICH.	12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME EDWARD INGRAM		13b. MOTHER'S MAIDEN NAME KATHERINE FISHER		14. NAME OF HUSBAND OR WIFE RUTH A. INGRAM		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I		16. SOCIAL SECURITY NO. UNK	17. INFORMANT RUTH A. INGRAM (WIFE), FLORENCE, WISC.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INTRACEREBRAL HEMORRHAGE					INTERVAL BETWEEN ONSET AND DEATH 36 Hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			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 checked="" 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	
20f. CITY, TOWN, OR LOCATION	COUNTY	STATE				
21. V.A. attended the deceased from 5-12-61 to 5-12-61 and occurred her death occurred at 7:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>James S. Nelson</i> JAMES S. NELSON M.D.			22b. ADDRESS VET ADM HOSP., JEFF BRKS, MO.		22c. DATE SIGNED 5/15/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) remove	23b. DATE 5/15/61	23c. NAME OF CEMETERY OR CREMATORY Iron Mountain Mich.	23d. LOCATION (City, town, or county) Iron Mountain Mich			
24. FUNERAL DIRECTOR Edward Fendler 5611 South Grand Blvd		25. DATE RECD. BY LOCAL REG. 5-15-61	26. REGISTRAR'S SIGNATURE <i>John C. Murphy</i>			

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 Leo J. Buede

Licensed Embalmer No. 3989

P. O. Address Dr. Lewis Inc

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.