

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-005719

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 621

AMENDED

FILED MAR 12 1962

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

1. PLACE OF DEATH a. COUNTY BUTLER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SCOTT		
b. CITY (If outside corporate limits, give TOWNSHIP only) POPLAR BLUFF		Length of stay in 1b 77 DAYS	c. CITY OR TOWN MORLEY		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) VETERANS ADMINISTRATION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS NONE		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First TIMOTHY Middle WALTER Last INGRAM			4. DATE OF DEATH Month FEBRUARY Day 19 Year 1962		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-26-87	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	11. BIRTHPLACE (City and state or country) PEMISCOTT COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME GEORGE INGRAM		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address VA HOSPITAL RECORDS, POPLAR BLUFF, 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) ARTERIOSCLEROTIC HEART DISEASE. <i>m.v.m.</i>					INTERVAL BETWEEN ONSET AND DEATH Several yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) POST OPERATIVE TRANSURETHRAL RESECTION FOR BENIGN PROSTATIC HYPERTROPHY.				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 checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED: HYPERTROPHY.	
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.) VA		20f. CITY, TOWN, OR LOCATION POPLAR BLUFF, MO.		COUNTY _____	STATE _____
21. I attended the deceased from Dec. 4, 1961 to Feb. 19, 1962 and last saw her alive on _____ Death occurred at 5:25 PM on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Michael Barton</i> MICHAEL BARTON, M.D., Chief, Surgical Svc., VA Hospital, Poplar Bluff, Mo.			22b. ADDRESS VA Hospital, Poplar Bluff, Mo.		22c. DATE SIGNED 2/26/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-20-62	23c. NAME OF CEMETERY OR CREMATORY Wardell Cem.		23d. LOCATION (City, town, or county) Wardell, Mo.	
24. FUNERAL DIRECTOR Frank-Cotrell Poplar Bluff, Mo.		25. DATE RECD. BY LOCAL REG. 3/10/1962	26. REGISTRAR'S SIGNATURE <i>Thelma Graham</i>		

APR 27 1967

APR 26 1967

Removal
Obtain

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 Edgar W. Laffoon
Licensed Embalmer No. 3394

P. O. Address Poplar Bluff, Mo.

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.