

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11919

State File No.

FILED MAR 26 1957

BIRTH NO. _____ REG. DIST. NO. 779 PRIMARY REG. DIST. NO. 4553 Registrar's No. 200

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Manfield</u>		c. CITY OR TOWN <u>Manfield</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place)		STREET ADDRESS (If rural, give location) <u>Manfield, Mo. 1408</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Manfield, Mo.</u>			

3. NAME OF DECEASED a. (First) <u>Laura</u> b. (Middle) <u>Ingalls</u> c. (Last) <u>Wilder</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-10-57</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>2/7/1867</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Author</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Writer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Wasson</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Charles Ingalls</u>		13b. MOTHER'S MAIDEN NAME <u>Carolyn Quiner</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lose Jane, Saybug, Conn.</u>		
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	DUE TO (c) <u>Arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 to 7:40, 1957, that I last saw the deceased alive on Feb 10, 1957, and that death occurred at 9:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>W.D. Cameron</u>	23b. ADDRESS <u>2002 Manfield</u>	23c. DATE SIGNED <u>3/2/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>2/13/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Manfield Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Manfield, Mo.</u>
DATE REC'D BY LOCAL REG. <u>3/2/57</u>	REGISTRAR'S SIGNATURE <u>Ann Perkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. Y. Farrell, Manfield, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
DEC 22 1957

DEC 22 1958

RECEIVED
WRIGHT CO. HEALTH DEPT.
County File Number 2-2-57
Date Filed 2-2-57

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 *Don G. Jewell*
Licensed Embalmer No. *4847*

P. O. Address *Manfield, N.J.*

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.