

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 1299404 STATE FILE NUMBER 0019404

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0425

2 0420

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MY FILED 24 65
a. COUNTY HENRY

b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN CLINTON Length of stay in 1b 6 days

c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION WETZEL HOSPITAL Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY HENRY

c. CITY OR TOWN BROWNINGTON Inside Limits Yes No

d. STREET ADDRESS (if outside, give location) _____ Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First STELLA Middle B. Last INGRAM

4. DATE OF DEATH Month MAY Day 13 Year 1965

5. SEX F.

6. COLOR OR RACE White

7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 5/9-1881

9. AGE (last birthday) 84

IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIDOWED HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY NONE

11. BIRTHPLACE (City and state or country) FARISDELL LA.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME UNKNOWN

13b. MOTHER'S MAIDEN NAME UNKNOWN

14. NAME OF HUSBAND OR WIFE Pierce 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. NONE

17. INFORMANT Address BRYAN PARKS BROWNINGTON 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) Pulmonary Edema

INTERVAL BETWEEN ONSET AND DEATH 2 hrs.

Conditions, if any, which gave rise to, above cause (a), stating the underlying cause last. DUE TO (b) Myocardial Insufficiency

24 hrs.

DUE TO (c) Myocardial Infarction

24 hrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Serulity -

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 Month, Day, Year a.m. p.m.

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 1-7-65 to 5-13-65 and last saw her/him alive on 5-12-65
Death occurred at 6:40 P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. L. Glespy D.O.

22b. ADDRESS Clinton, Mo.

22c. DATE SIGNED 5/13/65

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 5/16/65

23c. NAME OF CEMETERY OR CREMATORY Maplewood

23d. LOCATION (City, town, or county) (State) Brownington Mo.

24. FUNERAL DIRECTOR ADDRESS Melvin L. Jamison Deepwater

25. DATE RECD. BY LOCAL REG. 5-15-65

26. REGISTRAR'S SIGNATURE Mildred Higgins

USE BLACK INK OR TYPEWRITER RIBBON

1.000 100

3.000

5.000 1. 100

2.000
3.000

1 - 3 - 1 - 11

2.5

Permit obtained 5-15-65 (115)

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 Melvin L. Janssens

Licensed Embalmer No. 4529

P. O. Address 1 Dorval Springs

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.