

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0001422

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 31

DO NOT WRITE ON THIS STUB

AMENDED

FILED FEB 7 1966								
<p>1. PLACE OF DEATH</p> <p>a. COUNTY Henry</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton Length of stay in 1b years</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton General Hosp Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE Missouri COUNTY Henry</p> <p>c. CITY OR TOWN Clinton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) 612 E. Green Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>							
<p>3. NAME OF DECEASED (Type or print) MATTIE MABEL INGHAM First Middle Last</p>								
<p>4. DATE OF DEATH January 31, 1966 Month Day Year</p>								
<p>5. SEX Female</p>	<p>6. COLOR OR RACE White</p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH 10/23/71</p>	<p>9. AGE (last birthday) 94</p>	<p>IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR</p>			
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home</p>		<p>10b. KIND OF BUSINESS OR INDUSTRY None</p>		<p>11. BIRTHPLACE (City and state or country) Henry Co. Mo.</p>		<p>12. CITIZEN OF WHAT COUNTRY USA</p>		
<p>13a. FATHER'S NAME Luther Stewart</p>			<p>13b. MOTHER'S MAIDEN NAME Tennessee Elliott</p>			<p>14. NAME OF HUSBAND OR WIFE Joseph Ingham, Deceased</p>		
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No</p>			<p>16. SOCIAL SECURITY NO. None</p>			<p>17. INFORMANT Mrs C.C. Coonrod, Clinton, Mo. Address</p>		
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p style="text-align: center;">PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) Broncho pneumonia</p> <p style="text-align: center;">DUE TO (b) _____</p> <p style="text-align: center;">DUE TO (c) _____</p> <p style="text-align: center;">PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Myocarditis</p> <p style="text-align: right;">PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p style="text-align: right;">INTERVAL BETWEEN ONSET AND DEATH 8 days</p>								
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>		<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>				
<p>20c. TIME OF INJURY Hour s.m. p.m. Month, Day, Year</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>		
<p>21. I attended the deceased from 1/14/52 to 1/31/66 and last saw her live on 1/30/66</p> <p>Death occurred at 5:35 A m on the date stated above, and to the best of my knowledge, from the causes stated.</p>								
<p>22a. SIGNATURE (Degree or title) S. B. Hughes, M.D.</p>				<p>22b. ADDRESS Clinton, Mo.</p>		<p>22c. DATE SIGNED 2/2/66</p>		
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) Burial</p>		<p>23b. DATE Feb 2, 1966</p>		<p>23c. NAME OF CEMETERY OR CREMATORY White Oak</p>		<p>23d. LOCATION (City, town, or county) (State) Henry Co. Mo.</p>		
<p>24. FUNERAL DIRECTOR Consalus ADDRESS Clinton, Mo.</p>				<p>25. DATE RECD. BY LOCAL REG. 2-2-66</p>		<p>26. REGISTRAR'S SIGNATURE Mildred Biguno</p>		

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USE BLACK INK OR TYPEWRITER RIBBON

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

August R. Consalus

Licensed Embalmer No. 4680

P. O. Address Clinton, 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.