

FILED MAY 5 1969

DEPARTMENT OF PUBLIC HEALTH AND WELFARE — MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

124

69-015560

CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUBVS 300
Rev. 1/68Registration District No. 137 Primary Registration District No. 5519 Registrar's No. 136

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Avis Letha Ingham		2. Fe	3. April 30, 1969	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
4. White	5a. 29	5b. —	6. Oct. 21, 1939	7a. Henry
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
7b. RFD 2, Urich, Mo.		7c. No	7d. (Home)	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Missouri	9. USA	10. Married	11. Johnny F. Ingham	
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY		
12. 498-44-5068	13a. Housewife	13b. Home		
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER
14a. Missouri	14b. Henry	14c. Urich, Mo.	14d. No	14e. RFD 2

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
15. John Arnold Hilde		16. Lora E. Jenkins	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
17a. Johnny F. Ingham		17b. RFD 2, Urich, Missouri 64788	

CAUSE

PART I DEATH WAS CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18 IMMEDIATE CAUSE				
(a) PULMONARY INSUFFICIENCY DUE TO, OR AS A CONSEQUENCE OF:				SHDDEN
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(b) PULMONARY EMBOLISM DUE TO, OR AS A CONSEQUENCE OF:		SHDDEN
		(c) PHLEBITIS RIGHT OVARIAN VEIN		10 DAYS

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
		19a. Yes	19b. YES

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a. —	20b. —	20c. —	20d. —
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
20e. —	20f. —	20g. —	

CERTIFICATION—PHYSICIAN:	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. I ATTENDED THE DECEASED FROM	1954	TO 21b. 4-30-69	21c. 4-30-69	21d. Did	21e. 6:45 P.M.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.	HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR		
22a. —	22b. April 30		1969 M.		

CERTIFIER

CERTIFIER—NAME (TYPE OR PRINT)	SIGNATURE	DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)
23a. R. H. Brownsberger, M. D.	23b. R. H. Brownsberger M. D.	23c. —	23d. 5-3-69
MAILING ADDRESS—CERTIFIER	STREET OR R.F.D. NO.	CITY OR TOWN	STATE ZIP
23e. —	23f. —	23g. Appleton City, Missouri	23h. 64724

BURIAL

BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION
24a. Burial	24b. White Oak	24c. Urich, Missouri
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
24d. May 4, 1969	24e. Snow's Funeral Home, 201 E. 4th, Urich, Mo. 64788	
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR
25a. Ruth S. Snow	25b. Mildred Bigum	25c. May 3, 1969

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

9. 1
10a. 29
10b. 5. 90
11. 0
12. 1
13. +6719
14.
15. 1
16.
17.
18. 0
19. CREDITS
20. 1-0

40420

5. 90

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

000 - 2 AMM

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 Merle Snow

Licensed Embalmer No. 4034

P. O. Address Irish, 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.