

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-02802
STATE FILE NUMBER

FILED JUN 25 1958

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 138

300
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		c. CITY OR TOWN Mexico <u>00420043</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital		d. STREET ADDRESS 1011 S. Clark St (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) INGEMON		4. DATE OF DEATH June 18, 1958	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 25, 1895	
9. AGE (In years last birthday) 63		10. FUNDING YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10b. KIND OF BUSINESS OR INDUSTRY Fire Brick	
11. BIRTHPLACE (City and state or country) North Bristol, Wisc.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Moe		13b. MOTHER'S MAIDEN NAME Ingeborg Sandvig	
14. NAME OF HUSBAND OR WIFE Florence Moe		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes World War I	
16. SOCIAL SECURITY NO. 376-0105160		17. INFORMANT Address Mrs. Florence Moe, Mexico, 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) Carcinoma head of Pancreas - with Metastases to Liver and Peritoneum. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Exploratory Laperotomy 4-8-58 found above. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 157X			INTERVAL BETWEEN ONSET AND DEATH 3-25-58
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) X	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	
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 3-25-58 to 6-18-58 and last saw ^{him} alive on 6-17-58 Death occurred at 6-18-58 5:32 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Amy F O'Brien M.D.		22b. ADDRESS Mexico, Missouri	
22c. DATE SIGNED 6-18-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE June 20, 58		23c. NAME OF CEMETERY OR CREMATORY East Lawn	
23d. LOCATION (City, town, or county) (State) Mexico, Mo.		24. FUNERAL DIRECTOR ADDRESS Precht-Houston, Mexico, Mo.	
25. DATE RECD. BY LOCAL REG. June 20-1958		26. REGISTRAR'S SIGNATURE Blanche Neely	

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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 *Eal E. Pruitt*

Licensed Embalmer No. 3189.....
P. O. Address Mexico, 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.