

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032919

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4403 STATE FILE NUMBER

FILED SEP 20 1961

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY CASS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN PLEASANT HILL MO	
Length of stay in lb 7 DA.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BAPTIST HOSPITAL		d. STREET ADDRESS (If outside, give location) HWY 58	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First DOROTHY Middle PARK Last INGELS			4. DATE OF DEATH Month SEPT. Day 4 Year 1961			
---	--	--	--	--	--	--

5. SEX FEMALE	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 12-21-1917	9. AGE (last birthday) 44	IF UNDER 1 YEAR Months 4 Days 4	IF UNDER 24 HR Hours 3 Min.
----------------------	-------------------------------	---	------------------------------------	----------------------------------	--	---------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) SPRINGFIELD KY.	12. CITIZEN OF WHAT COUNTRY USA
--	-----------------------------------	---	--

13a. FATHER'S NAME J. E. PARK	13b. MOTHER'S MAIDEN NAME KATHERINE SUBLETTE McGINNIS	14. NAME OF HUSBAND OR WIFE BOONE INGELS JR.
--------------------------------------	--	---

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. 402-06-0992	17. INFORMANT BOONE INGELS Address PLEASANT HILL 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) Carcinomatosis c Liver Failure		INTERVAL BETWEEN ONSET AND DEATH 6 wks.
DUE TO (b) Carcinoma of Breast		
DUE TO (c)		14 mo.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) None	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
---	---

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
--	---	--

20c. TIME OF INJURY Hour 2:45 a.m. p.m.	Month, Day, Year June 1961
---	-----------------------------------

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 PLEASANT HILL MO. COUNTY CASS STATE MO.
--	--	---

21. I attended the deceased from June 1961 to Sept. 4th, 1961 and last saw her alive on Sept. 3, 1961
Death occurred at 2:45 a. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE William R. Brown M.D. (Degree or title)	22b. ADDRESS 7501 Mission Rd., Prairie Village Kansas	22c. DATE SIGNED Sept 5, 1961
---	--	--------------------------------------

23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9-6-1961	23c. NAME OF CEMETERY OR CREMATORY PLEASANT HILL CEM.	23d. LOCATION (City, town, or county) PLEASANT HILL MO. (State)
--	---------------------------	--	--

24. FUNERAL DIRECTOR WALLACE FUNERAL HOME PLEASANT HILL ADDRESS	25. DATE RECD. BY LOCAL REG. 9-5-61	26. REGISTRAR'S SIGNATURE Ruth Long
--	--	--

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF **William R. Brown** MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

MAY 1 1962

OCT 18 1961

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

James C Wallace

Licensed Embalmer No. 3921

P. O. Address PLEASANT HILL 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.