

FILED APR 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11121

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5130 Registrar's No. 375

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, write RURAL, and give OR TOWN <u>Rural; Rush Township</u>)	c. LENGTH OF STAY (in this place) <u>15 Hrs.</u>	c. CITY OR TOWN <u>Cummings</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>East Atchison, Mo.</u>		STREET ADDRESS (If rural, give location) <u>0030</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alonzo</u> b. (Middle) <u>Ingels</u> c. (Last) <u>Ingels</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 7, 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 2, 1889</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer, Bridge Work, No. Pac. R.R.</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Valley Falls, Kan.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Millard Fillmore Ingels</u>	13b. MOTHER'S MAIDEN NAME <u>Eliza Fizer</u>	14. NAME OF HUSBAND OR WIFE <u>Della Lewman Ingels</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Curtis Ingels</u> ADDRESS <u>Atchison, Kan.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>	DUE TO (b) <u>General Arteriosclerosis</u>	<u>unknown</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Man was found dead at the rear of a liquor store in East Atchison, Mo. He had been drinking liquor "wine"</u>		<u>4 201</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>to excess.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY <u>Wined</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from on 4/8th 1955, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H F Mundy, Coroner</u> (Degree or title) <u>3</u>	23b. ADDRESS <u>St. Joseph Mo</u>	23c. DATE SIGNED <u>4/9/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr. 10, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Atchison, Kansas</u>
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DATE REC'D BY LOCAL REG. <u>April 12, 1955</u>	REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u> <u>485</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stanton Mortuary, Atchison, Kan.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... *Wm. Standen*

Licensed Embalmer No. *37*

P. O. Address *Albion*

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.