

FILED FEB 4 1949

STANDARD CERTIFICATE OF DEATH

State File No. 3740

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>337</u>		PRIMARY REG. DIST. NO. <u>4496</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>Shelby</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Shelby</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Shelbyville</u>		c. LENGTH OF STAY (in this place) <u>20 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Shelbyville</u>		d. STREET ADDRESS (If rural, give location) <u>Jan-18-1949</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>HUSTON</u> c. (Last) <u>INMAN</u>				4. DATE OF DEATH (Month) <u>Jan</u> (Day) <u>18</u> (Year) <u>1949</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 27-1864</u>	
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>21</u>		IF UNDER 1 HR. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>Boatsburg, Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Joshua Inman</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Baskela Cunningham</u>		14. NAME OF HUSBAND OR WIFE <u>Lula Ellen</u>			
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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lee Stagg</u>		ADDRESS <u>Shelbyville Mo.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1701</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hours</u> <u>?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>9</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 17</u> , 1949, to <u>Jan 18</u> , 1949, that I last saw the deceased alive on <u>Jan 17</u> , 1949, and that death occurred at <u>1:15 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>P.C. Brewer M.D.</u>				23b. ADDRESS <u>Shelbyville Mo.</u>		23c. DATE SIGNED <u>1-19-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan-19-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>D.O.O.F.</u>		24d. LOCATION (City, town, or county) (State) <u>Shelbyville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 25-49</u>		REGISTRAR'S SIGNATURE <u>Ada Garrison</u>		419 25. FUNERAL DIRECTOR'S SIGNATURE <u>E.P. Thompson</u>		ADDRESS <u>Shelbyville Mo.</u>	

RECEIVED

District Health Officer No. 10

District File Number 2-49-171

Date Filed FEB 2

1949

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 _____

Myself

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed E. P. Thompson

Licensed Embalmer No. 1632

P. O. Address Shelbyville 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 this body is not embalmed, fact should be so stated above.