

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12303**

BIRTH NO. _____		REG. DIST. NO. 69		PRIMARY REG. DIST. NO. 5272		Registrar's No. 23													
1. PLACE OF DEATH a. COUNTY CHRISTIAN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CHRISTIAN															
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "RURAL" PORTER				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "RURAL" PORTER. 0220															
d. FULL NAME OF HOSPITAL OR INSTITUTION NIXA ROUTE #1				d. STREET ADDRESS (If rural, give location) NIXA ROUTE #1 0															
3. NAME OF DECEASED (Type or Print) LLOYD		a. (First)		b. (Middle) M.		c. (Last) INMAN													
4. DATE OF DEATH 4 26 1950		(Month)		(Day)		(Year)													
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 1-25-1903													
9. AGE (In years last birthday) 47		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Days		Hours Min.													
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CAFE OPERATOR				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MISSOURI 0													
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13a. FATHER'S NAME JOHN G. INMAN		13b. MOTHER'S MAIDEN NAME COBRA FRAZIER													
14. NAME OF HUSBAND OR WIFE OLLIE AVEN, INMAN				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. UNKNOWN													
17. INFORMANT'S SIGNATURE OR NAME KENNETH INMAN				ADDRESS NIXA, MO.															
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>																			
<table border="1"> <tr> <td colspan="2">I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac arrest due to overintoxication.</td> <td colspan="2">INTERVAL BETWEEN ONSET AND DEATH sudden</td> </tr> <tr> <td colspan="2">ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Excess amt. of alcohol</td> <td colspan="2">4343</td> </tr> </table>								I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac arrest due to overintoxication.		INTERVAL BETWEEN ONSET AND DEATH sudden		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Excess amt. of alcohol		4343	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 4-28 , 19 50 , to 4-26 , 19 50 , that I last saw the deceased alive on 4-26 , 19 50 , and that death occurred at 6:00 p.m. , from the causes and on the date stated above.																			
23a. SIGNATURE (Degree or title) Harold Shaffer D.O.				23b. ADDRESS Nixa, Mo.		23c. DATE SIGNED 5-1-50													
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-28-50		24c. NAME OF CEMETERY OR CREMATORY M^o CONNELL		24d. LOCATION (City, town, or county) (State) CHRISTIAN COUNTY MO.													
DATE REC'D BY LOCAL REG. 5-1-50		REGISTRAR'S SIGNATURE Alline Davis		58		25. FUNERAL DIRECTOR'S SIGNATURE John Alan Harris ADDRESS Clever, Mo.													

(Licensed Embalmer's Statement on Reverse Side)

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

1220
1

RECEIVED MAY 4 1950
District Health Office No. 6,
District File Number 550-543
Date Filed 5-5-50

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
Student Embalmer

Signed John H. Harris.....

Licensed Embalmer No. 4390.....

P. O. Address Cleveland, 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.