

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34498**

34498

BIRTH NO.		REG. DIST. NO. 314		PRIMARY REG. DIST. NO. 4458		Registrar's No. 63	
1. PLACE OF DEATH a. COUNTY St. Clair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Clair			
b. CITY (If outside corporate limits, write RURAL and give township) Collins		c. LENGTH OF STAY (In this place) 44 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Collins		0930	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) Ellsworth c. (Last) INMAN				4. DATE OF DEATH (Month) (Day) (Year) Sept. 27, 1950			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W 2		8. DATE OF BIRTH Nov. 1, 1863	
9. AGE (In years last birthday) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired merchant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ohio	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Henry Burrus Inman		13b. MOTHER'S MAIDEN NAME Gene Sloan		14. NAME OF HUSBAND OR WIFE	
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. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. A. B. Mink, Collins, Missouri			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senile 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.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION		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 1-5, 1948, to 9-27, 1950, that I last saw the deceased alive on 9-27, 1950, and that death occurred at 11-A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. E. D. Brown, D.O.				23b. ADDRESS Collins, Mo.		23c. DATE SIGNED 9-29-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 29, 1950		24c. NAME OF CEMETERY OR CREMATORY Haleapple		24d. LOCATION (City, town, or county) (State) Collins, Missouri	
DATE RECD BY LOCAL REG. 10-1-50		REGISTRAR'S SIGNATURE F. H. Seavers		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. B. Blandford, Escalante, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 11-3-50
DISTRICT HEALTH OFFICE No. 2
District File Number -----
Date Filed 11-3-50 -----

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 *J. B. Goodrich* -----

Licensed Embalmer No. *3038* -----

P. O. Address *Princeton, N.J.* -----

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.