

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38394

State File No. ....

FILED NOV 29 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 114

1. PLACE OF DEATH  
a. COUNTY Pike  
b. CITY (If outside corporate limits, write RURAL and give town) Louisiana  
c. LENGTH OF STAY (in this place) 15 yrs  
d. FULL NAME OF HOSPITAL OR INSTITUTION 113 1/2 So. Main St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Pike  
c. CITY (If outside corporate limits, write RURAL and give township) Louisiana  
d. STREET ADDRESS (If rural, give location) 113 1/2 So. Main St.

3. NAME OF DECEASED  
a. (First) ADDIE b. (Middle) WINIFRED c. (Last) INLOW  
4. DATE OF DEATH (Month) (Day) (Year) Oct 16, 1951

5. SEX Male 6. COLOR, OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH April 17, 1897 9. AGE (In years last birthday) 54 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WAITER 10b. KIND OF BUSINESS OR INDUSTRY RESTAURANT 11. BIRTHPLACE (State or foreign country) Lincoln Co. Mo. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME HENRY INLOW 13b. MOTHER'S MAIDEN NAME SARAH JANE SINKLEAR 14. NAME OF HUSBAND OR WIFE ANNE F. INLOW

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. 493-28-3478 17. INFORMANT'S SIGNATURE OR NAME ADDRESS ANNE F. INLOW - LOUISIANA, MO

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Uremia  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES DUE TO (b) Chronic Glomerular nephritis  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  
INTERVAL BETWEEN ONSET AND DEATH 8 wks  
27 yrs

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION 592X 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from Oct 22, 1950 to Oct 16, 1951, that I last saw the deceased alive on Oct 16, 1951, and that death occurred at 7:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas. H. Llewellyn M.D. 23b. ADDRESS Louisiana, Mo. 23c. DATE SIGNED 10/17/51

24a. BURIAL, CREMATION REMOVAL (Specify) Burial 24b. DATE Oct 19, 1951 24c. NAME OF CEMETERY OR CREMATORY Riverview Cem. 24d. LOCATION (City, town, or county) (State) Louisiana, Mo.

DATE REC'D BY LOCAL REG. Nov 6, 1951 REGISTRAR'S SIGNATURE Bernice Collier 374 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Haley Mortuary, Louisiana, Mo.

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

821

NOV 26 1951

Date Received:  
DISTRICT HEALTH OFFICE #2  
District File Number 11-51-21  
Date Filed: NOV 26 1951

---

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.....

Licensed Embalmer No.....

P. O. Address.....

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.