

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13980**

FILED MAY 6 1952

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6069 Registrar's No. 133

1. PLACE OF DEATH a. COUNTY St. Francois			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Iron		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Iron Twp.		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Arcadia		0470
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			d. STREET ADDRESS (If rural, give location) 1 mi. east of Ironton		
3. NAME OF DECEASED (Type or Print) a. (First) JO b. (Middle) ANN c. (Last) INMAN		4. DATE OF DEATH (Month) (Day) (Year) Apr. 17 1952			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Apr. 13 1952	9. AGE (in years last birthday) 0	IF UNDER 1 YEAR Months 0 Days 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Farmington Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Bateman Inman		13b. MOTHER'S MAIDEN NAME Maxine Rindelman		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 Bateman Inman, Ironton Mo.		
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.	<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature Birth ANTECEDENT CAUSES 6 1/2 months Birth Morbid 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. <input checked="" type="checkbox"/>				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 776x				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 Jan 19, 1952 to 10 days before death that I last saw the deceased alive on 4-10-52 , and that death occurred at 9:20 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE F. W. Gale M.D.			23b. ADDRESS Sumner, Mo.		23c. DATE SIGNED 4/18/52
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 4-18-52	24c. NAME OF CEMETERY OR CREMATORY Cove Cemetery		24d. LOCATION (City, town, or county) (State) Arcadia Missouri	
DATE REC'D BY LOCAL REG. Apr. 18, 1952	REGISTRAR'S SIGNATURE Ethel Rindelman		25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home, Ironton Mo.		

Licensed Embalmers' Statement on Reverse Side

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

940
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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 _____

Was not embalmed
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Amel J. White

Licensed Embalmer No. 3012

P. O. Address Smilton, Va

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.