

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

27450

State File No.

FILED AUG 27 1952

REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5232

Registrar's No. 125

0190
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cass</u>	
b. CITY OR TOWN <u>Union Rural</u>		c. CITY OR TOWN <u>Rural</u>	
c. LENGTH OF STAY (In this place) <u>Don't know</u>		d. STREET ADDRESS (If rural, give location) <u>South West Greenwood mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>ANDREW</u> c. (Last) <u>INMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 12-1952</u>		
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5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>May 8-1862</u>		9. AGE (In years last birthday) <u>90</u>		10. 1 YEAR <u></u> 11. 1 MONTH <u></u> 12. 1 HOUR <u></u> 13. 1 MIN. <u></u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Knox Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>James Inman</u>		13b. MOTHER'S MAIDEN NAME <u>Mr. Rivers</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Laura Inman</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (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>Chas. H. Inman</u> ADDRESS <u>Greenwood mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart attack due to excitement</u>				<u>Instant</u>	
		ANTECEDENT CAUSES					
		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.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4343</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Fell Dead</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>In home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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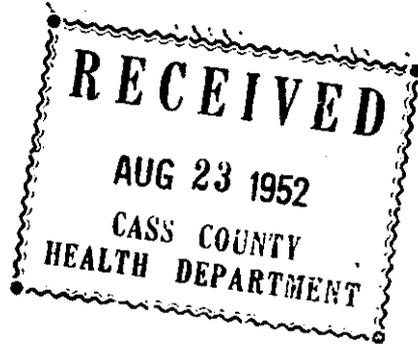
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 945 am., from the causes and on the date stated above.

23a. SIGNATURE <u>Temple Howell</u> (Degree or title) <u>County Registrar</u>		23b. ADDRESS <u>Harrisonville Mo</u>		23c. DATE SIGNED <u>Aug 12, 52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Aug. 15-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>West Union Cem</u>		24d. LOCATION (City, town, or county) (State) <u>4 mi. N-E. Cleveland mo</u>	
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DATE REC'D BY LOCAL REG. <u>Aug 18, 52</u>		REGISTRAR'S SIGNATURE <u>Lora Barriard</u>		4577		25. FUNERAL DIRECTOR'S SIGNATURE <u>Irwin Myers</u> ADDRESS <u>Cleveland mo</u>	
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OCT 8 1952



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 Geoff. Myers

Licensed Embalmer No. 2517

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.