

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1187

State File No.

FILED JAN 29 1953

BIRTH NO.		REG. DIST. NO. <u>131</u>		PRIMARY REG. DIST. NO. <u>4202</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>GRUNDY</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPICKARD</u> c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>GRUNDY</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPICKARD</u> <u>0400</u> d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ENOS</u> b. (Middle) <u>COTHREN</u> c. (Last) <u>INMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN - 23 - 1953</u>		5. SEX <u>0</u> 6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>SEPT-22-1866</u>		9. AGE (In years last birthday) <u>86</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BANKER</u>		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>HENRY INMAN</u>		13b. MOTHER'S MAIDEN NAME <u>JANE SLOAN</u>		14. NAME OF HUSBAND OR WIFE <u>HATTIE INMAN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JENNIE CAMPBELL SPICKARD</u>		ADDRESS <u>MO.</u>	
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Virus Pneumonia</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. <u>492X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 DA</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 <u>Jan 20, 1953</u> , to <u>Jan 22, 1953</u> , that I last saw the deceased alive on <u>Jan 22, 1953</u> , and that death occurred at <u>1043A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E.W. Ewing</u>		(Degree or title) <u>0</u>		23b. ADDRESS <u>Spickard MO</u>		23c. DATE SIGNED <u>1-13-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-25-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MASONIC CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>SPICKARD MO.</u>	
DATE REC'D BY LOCAL REG. <u>1-25-53</u>		REGISTRAR'S SIGNATURE <u>Miss Nathan Cooper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>SCHOOLER FUNERAL HOME</u>			
				ADDRESS <u>SPICKARD MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Ross Wise

Licensed Embalmer No. _____

3771

P. O. Address _____

Spickard 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.