

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 29 1953

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 4202 Registrar's No. 1

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| 1. PLACE OF DEATH a. COUNTY <u>GRUNDY</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>GRUNDY</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>SPICKARD</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>SPICKARD</u> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>HATTIE</u> | b. (Middle) <u>G</u> | c. (Last) <u>INMAN</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>JAN-20-1953</u> |
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| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>MAY-22-1870</u> | 9. AGE (In years last birthday) <u>82</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u> | 11. BIRTHPLACE (State or foreign country) <u>MO.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA.</u> |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE | | 12. CITIZEN OF WHAT COUNTRY? | |

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| 13a. FATHER'S NAME <u>DAVID HORN</u> | 13b. MOTHER'S MAIDEN NAME <u>SARAH CAMPBELL</u> | 14. NAME OF HUSBAND OR WIFE <u>ENDS INMAN</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>JENNIE CAMPBELL</u> | ADDRESS <u>SPICKARD MO.</u> |
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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Organic Heart disease</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</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>4343</u> | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 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 |
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22. I hereby certify that I attended the deceased from 1-14, 1953, to 1-20, 1953, that I last saw the deceased alive on Jan 19, 1953, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>E. W. Ewing M.D.</u> | (Degree or title) | 23b. ADDRESS <u>Spickard Mo</u> | 23c. DATE SIGNED <u>1-21-53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>1-22-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>MASONIC CEM.</u> | 24d. LOCATION (City, town, or county) (State) <u>Spickard MO.</u> |
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| DATE REC'D BY LOCAL REG. <u>1/22/53</u> | REGISTRAR'S SIGNATURE <u>Mrs. Nathan Cooper</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>SCHOOLER FUNERAL HOME</u> | ADDRESS <u>Spickard MO.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

400
1

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.