

STANDARD CERTIFICATE OF DEATH

24113

State File No.

FILED AUG 10 1953

BIRTH NO. REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 231

1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>		2. USUAL RESIDENCE (Where deceased lived, or institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Bollinger</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Cape Girardeau</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Falena</i>	
c. LENGTH OF STAY (If in this place) <i>12 Days</i>		d. STREET ADDRESS (If rural, give location) <i>0099</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Francis Hospital</i>			

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Will</i>	b. (Middle) <i>Schylet</i>	c. (Last) <i>INMAN</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>July 28, 1953</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Oct. 23, 1880</i>	9. AGE (If years last birthday) <i>72</i>	IF UNDER 1 YEAR <i>95</i>	IF UNDER 12 HRS. <i></i>	IF UNDER 15 MIN. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Shunning</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>	11. BIRTHPLACE (State or foreign country) <i>Bollinger Co., Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Henry Inman</i>	13b. MOTHER'S MAIDEN NAME <i>Spur</i>	14. NAME OF HUSBAND OR WIFE <i>Laura Inman</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	(If yes, give war or dates of service) <i>None</i>	16. SOCIAL SECURITY NO. <i>49-121045</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Sylvia Eaker, Cape Girardeau</i>	ADDRESS <i></i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Myocardial Infarction</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Coronary occlusion</i> DUE TO (c) <i>Arteriosclerotic Cardiovascular Disease</i>		
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 <i>4221</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 *July 18, 1953*, to *July 28, 1953*, that I last saw the deceased alive on *July 28, 1953*, and that death occurred at *11:05 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>J. H. Trolinger, M.D.</i>	(Date or title)	23b. ADDRESS <i>JACKSON, MISSOURI</i>	23c. DATE SIGNED <i>7/31/53</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>7.31.53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Bollinger Co. Memorial Park, Lottsville, Mo.</i>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <i>8-2-53</i>	REGISTRAR'S SIGNATURE <i>C. C. Sumner</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Wm. H. Mangum, Advance</i>	ADDRESS <i></i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 13 1967

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *William H. Morgan*

Licensed Embalmer No. *4670*

P. O. Address *Advance, Me.*

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.