No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 5th 1953

State File No. 31065

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1047

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Washington Township
d. STREET ADDRESS (If rural, give location): R#3. 0110

3. NAME OF DECEASED (Type or Print)
a. (First): Henry
b. (Middle): Herman
c. (Last): Inselman

4. DATE OF DEATH (Month) (Day) (Year): September 28, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: September 3, 1897
9. AGE (In years last birthday): 56 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Transportation Co.
11. BIRTHPLACE (State or foreign country): Boone, Iowa.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Carl Inselman
13b. MOTHER'S MAIDEN NAME: Metha Bohn
14. NAME OF HUSBAND OR WIFE: Frieda C. Inselman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW #2.
16. SOCIAL SECURITY NO.: 493-18-6892
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Frieda C. Inselman — ADDRESS: R#3 St. Joseph, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sarcoma Jejunum — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) abdominal Metastasis — 6 mo
DUE TO (c) 152X

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Pulmonary Edema — 3 days

19a. DATE OF OPERATION: 24 Sept 53
19b. MAJOR FINDINGS OF OPERATION: Sarcoma Jejun with metastases
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) m.
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* 22 Sept, 1953, *to* 28 Sept, 1953 *that I last saw the deceased alive on* 28 Sept, 1953 *and that death occurred at* 2:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] M.D.
23b. ADDRESS: St. Joseph, Mo.
23c. DATE SIGNED: 9-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 30, 1953
24c. NAME OF CEMETERY OR CREMATORY: Ashland Cemetery
24d. LOCATION (City, town, or county) (State): St. Joseph, Missouri.

DATE REC'D BY LOCAL REG.: Sept 30, 1953
REGISTRAR'S SIGNATURE: Kathrew M. Allison
25. FUNERAL DIRECTOR'S SIGNATURE: Meierhoffer & Leemann, Inc.
ADDRESS: St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

OCT 20 1953

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 Albert P. Harrington

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.