

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38116**

FILED OCT 28 1953

BIRTH NO. _____		REG. DIST. NO. 376		PRIMARY REG. DIST. NO. 6283		Registrar's No. 15	
1. PLACE OF DEATH a. COUNTY Wright				2. USUAL RESIDENCE (Where deceased lived. If institution: residence prior to admission) a. STATE Mo b. COUNTY Wright			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Howwood Rural		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Howwood Rural		d. STREET ADDRESS (If rural, give location) 1140	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 mi South of Howwood				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) Martha b. (Middle) M. c. (Last) Inman			4. DATE OF DEATH (Month) (Day) (Year) Oct 9, 1953				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar 15, 1879		9. AGE (In years last birthday) 74	if UNDER 1 YEAR Months 6 Days 24	if UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and State or Foreign Country) Douglas Co. Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Issac Elrod		13b. MOTHER'S MAIDEN NAME Burgess		14. NAME OF HUSBAND OR WIFE John P. Inman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Orville Inman ADDRESS Howwood, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Insufficiency ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, Hypertension, Not Thromb DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH Not known	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 1, 1950 , to Oct 9, 1953 , that I last saw the deceased alive on Oct 8, 1953 , and that death occurred at 5:30 P. m., from the causes and on the date stated above.							
23a. SIGNATURE M. L. Lauer (Degree or title) M.D.				23b. ADDRESS Mountain Grove Mo		23c. DATE SIGNED Oct 12 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 12, 1953	24c. NAME OF CEMETERY OR CREMATORY Thomas		24d. LOCATION (City, town, or county) (State) Howwood, Mo		
DATE REC'D BY LOCAL REG. Oct 17, 1953		REGISTRAR'S SIGNATURE Mrs. C. R. Worsan		25. FUNERAL DIRECTOR'S SIGNATURE Trab. W. W. Worsan		ADDRESS Howwood, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED OCT 22 1953
WRIGHT CO. HEALTH DEPT.
County File Number 1053-142
Date Filed 10-24-53

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 Frank Stahl

Licensed Embalmer No. 4140

P. O. Address 1214 1/2 Ave. W.

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.