

FILED APR 5 1954 STANDARD CERTIFICATE OF DEATH

State File No. **9841**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>St. Francois Twp.</u> Near <u>Farmington, Mo.</u>		c. LENGTH OF STAY (In this place) <u>2 Da.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Roselle, Rural, Arcadia Twsp</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mineral Area Osteopathic Hosp</u>			d. STREET ADDRESS (If rural, give location) <u>1/2 mi. west of Roselle</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>AUGUSTUS</u> b. (Middle) <u>FRANK</u> c. (Last) <u>INMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 26 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 21 1879</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri 0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Uriah Inman</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Henry</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Robbs Inman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Inman, Roselle Missouri.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>			
		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prostatic Hypertrophy 5 yrs.</u> DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Arteriosclerotic Heart 50 yrs.</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>610X Prostate</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 3-24, 1954, to 3-26, 1954, that I last saw the deceased alive on 3-26-54, 19, and that death occurred at 12:50 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>Paul J. Redloff</u>		(Degree or title)		23b. ADDRESS <u>Farmington, Mo</u>		23c. DATE SIGNED <u>3/27/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3-28-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Roselle Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Roselle Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 27 1954</u>		REGISTRAR'S SIGNATURE <u>Pether Redloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>White</u>		ADDRESS <u>White Funeral Home, Ironton Mo.</u>	

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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 Charles J. White

Licensed Embalmer No. 3012

P. O. Address Quinton, 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.