

No. 300
10-48

FILED AUG 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24005

0820
3

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

BIRTH NO. _____		REG. DIST. NO. <u>279</u>		PRIMARY REG. DIST. NO. <u>4413</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>PIKE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clarksville</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Saint Ann</u>		d. STREET ADDRESS (If rural, give location) <u>#001</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carl</u>		b. (Middle) <u>Edward</u>		c. (Last) <u>INMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 1 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>Feb. 20-1918</u>	
9. AGE (In years last birthday) <u>36</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>11</u>		IF OVER 1 YEAR Hours <u>-</u> Mins. <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Vandalia Ill</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INSPECTION FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AIR CRAFT</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>LEWIS INMAN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Dorothy INMAN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>World War 2</u>		16. SOCIAL SECURITY NO. <u>493-03-3011</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dorothy Inman</u> ADDRESS _____			
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) <u>Drowning</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>E850X</u> <u>38</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Clarksville Pike 082 Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 1 54 2P.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>Boat Capsized</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased <u>live on Aug 1</u> , 1954, and that death occurred at <u>2 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. C. Mudd Coroner</u>		(Degree or title) <u>3</u>		23b. ADDRESS <u>Bowling Green Mo</u>		23c. DATE SIGNED <u>Aug 1-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Cem. St. Louis Co. Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-2-54</u>		REGISTRAR'S SIGNATURE <u>Rudolph Reichard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. Brown</u>		ADDRESS <u>Clarksville Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

SEP 8 1954

AUG 1 1954

AUG 11 1954

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.

Student Embalmer No.

Signed _____

A. Brown

Signed.....

Student Embalmer

Licensed Embalmer No. 2648

P. O. Address. Clarksville 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.