

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32927**

FILED NOV 8 1955

BIRTH NO. _____ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **3021** Registrar's No. **158**

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton	c. LENGTH OF STAY (in this place) 34 years.	c. CITY OR TOWN Trenton	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Gallers Hospital		e. STREET ADDRESS (If rural, give location) 405 MAIN ST. 04250	

3. NAME OF DECEASED (Type or Print)	a. (First) Blanche	b. (Middle) MAE	c. (Last) INMAN	4. DATE OF DEATH (Month) (Day) (Year) Oct 31 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED.	8. DATE OF BIRTH Dec 21 1888	9. AGE (in years last birthday) 66	IF UNDER 1 YEAR Months 10	IF UNDER 24 HRS. Days 10 Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and State or Foreign Country) Princeton, Missouri	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME William Smith	13b. MOTHER'S MAIDEN NAME Emma Belle Calvert	14. NAME OF HUSBAND OR WIFE Ed. INMAN
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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 Ed. INMAN	ADDRESS Trenton, Mo.
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH instantly
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic myocarditis		
	DUE TO (c) Arteriosclerosis with hypertension		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	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 **2-8**, 1955, to **10-31**, 1955, that I last saw the deceased alive on **10/31**, 1955, and that death occurred at **1:20 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE C. L. Clark (Degree or title) M.D.	23b. ADDRESS Trenton, Mo.	23c. DATE SIGNED 11/2/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Oct 9 1955	24c. NAME OF CEMETERY OR CREMATORY Loof Cemetery	24d. LOCATION (City, town, or county) (State) Trenton, Mo.
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DATE REC'D BY LOCAL REG. 11-2-55	REGISTRAR'S SIGNATURE J. J. ...	25. FUNERAL DIRECTOR'S SIGNATURE Jordan Blackmore	ADDRESS Trenton, Mo.
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

1958 8 AON

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.....
Signature of Student Embalmer

Signed Gordon Blackman
Licensed Embalmer No. 46

P. O. Address Trenton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.