

FILED FEB 20 1956

STANDARD CERTIFICATE OF DEATH

4379

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 153

|   |  |  |                                 |
|---|--|--|---------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Greene</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> |                                 |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> |  | c. LENGTH OF STAY (in this place) <u>34 Day</u>  | c. CITY OR TOWN <u>Republic</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>OSZARK OSTEOPATHIC HOSPITAL</u>                      |  | d. Is Residence within limits of a city of incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>          |                                 |
| e. STREET ADDRESS (If rural, give location) <u>0390</u>   |  |  |                                 |

|  |                               |   |  |   |  |
|--|-------------------------------|---|--|---|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Audie</u> b. (Middle) <u>Ma</u> c. (Last) <u>Inmon</u>  |                               |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>2 14 1956</u>                       |   |  |
| 5. SEX <u>female</u>   | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>4/7/1899</u>   | 9. AGE (In years last birthday) <u>56</u> | IF UNDER 1 YEAR Months <u>10</u> Days <u>7</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> |                               | 10b. KIND OF BUSINESS OR INDUSTRY                                     | 11. BIRTHPLACE (City and State or Foreign Country) <u>Halltown, Missouri</u> |   | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>   |

|  |  |  |
|--|--|--|
| 13a. FATHER'S NAME <u>Thomas Batson</u>  | 13b. MOTHER'S MAIDEN NAME <u>Sara Walker</u>   | 14. NAME OF HUSBAND OR WIFE <u>Mr. S. H. Inmon</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>128-18-3797</u> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mildred Johnson-Ash Grove, Mo.</u> |

|  |   |  |                                  |
|--|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>  |  | <u>6 weeks</u>                   |
|  | ANTECEDENT CAUSES: <u>Intercapillary Nephrosclerosis</u><br>DUE TO (b) _____<br>DUE TO (c) <u>Diabetes Mellitus</u> |  | <u>4 years</u>                   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |   |  |                                  |

|  |  |  |
|--|--|--|
| 19a. DATE OF OPERATION                                   | 19b. MAJOR FINDINGS OF OPERATION   | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>260X</u>                      |
| 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 1/11/56, 1956, to 2/14/56 1956, that I last saw the deceased alive on 2/14/56, 1956, and that death occurred at 7:30P m., from the causes and on the date stated above.

|  |   |  |
|--|---|--|
| 23a. SIGNATURE (Degree or title) <u>Richard W. Birch, M.D.</u>         | 23b. ADDRESS <u>700 E. Sunshine, Springfield, Mo.</u> | 23c. DATE SIGNED <u>2/14/56</u>                        |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>                | 24b. DATE <u>Feb. 16, 1956</u>                        | 24c. NAME OF CEMETERY OR CREMATORY <u>Johns Chapel</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Greene County Mo.</u> |   |  |

|   |   |   |                             |
|---|---|---|-----------------------------|
| DATE REC'D BY LOCAL REG. <u>2-16-56</u> | REGISTRAR'S SIGNATURE <u>Edith Williamson</u> | 25. GENERAL DIRECTOR'S SIGNATURE <u>R. W. Birch</u> | ADDRESS <u>Ash Grove Mo</u> |
|---|---|---|-----------------------------|

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

FEB 21 1958

**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..... *JWBuch*  
Licensed Embalmer No. *385*

P. O. Address *Ash Grove*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.