

FILED MAR 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4867

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 833

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 33 YEARS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION MEMORAH MEDICAL CENTER			
3. NAME OF DECEASED (Type or Print) a. (First) Lewis		b. (Middle) EDWIN	
		c. (Last) INMAN	
4. DATE OF DEATH (Month) (Day) (Year) 2-23-56			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV-9-1895
		9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days
		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY THE PAPER SUPPLY COMPANY	11. BIRTHPLACE (City and State or Foreign Country) FAYETTE COUNTY, ILLINOIS
		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME UNKNOWN INMAN		13b. MOTHER'S MAIDEN NAME ELLA M ^S DANIELS	14. NAME OF HUSBAND OR WIFE MRS. CLEO INMAN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 486-09-6841	17. INFORMANT'S SIGNATURE OR NAME MRS. CLEO INMAN
		ADDRESS 4548 SOUTH BENTON KANSAS CITY, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carbosis of liver with superimposed acute hepatic necrosis</u>	
		INTERVAL BETWEEN ONSET AND DEATH 9 mo	
		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>Diabetes mellitus</u>	
		13 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" 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) (Min.)		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 <u>Feb 16</u> , 19 <u>56</u> , to <u>Feb 23</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Feb 22</u> , 19 <u>56</u> , and that death occurred at <u>6:25</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J.S. Hoffmann</u> M.D.		23b. ADDRESS <u>330 Professional Bldg.</u>	
		23c. DATE SIGNED <u>2-23-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE <u>2-24-56</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>LAUREL HILLS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>2-24-56</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>O.H. Newcomer's Sons</u>	
		ADDRESS <u>1351-1353 CREEK KANSAS CITY, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

132-1-0977

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... *Chester K Braun*

Licensed Embalmer No. *49*

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