

FILED MAR 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9593

State File No. _____

5. No. 300
7. 10-48

BIRTH NO. _____		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>5616</u>		Registrar's No. <u>20</u>	
1. PLACE OF DEATH a. COUNTY <u>Knox</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Knox</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rutledge (rural)</u>			c. LENGTH OF STAY (In this place) <u>life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>2 M. S. E. Rutledge</u>			d. STREET ADDRESS (If rural, give location) <u>0 5 20</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>LULA</u>		b. (Middle) <u>OPAL</u>		c. (Last) <u>INMAN</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>09 May 1903</u>	
9. AGE (In years last birthday) <u>52</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Mins. _____		4. DATE OF DEATH (Month) (Day) (Year) <u>9 March 1956</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>home keeper</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home Keeping</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Knox County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Thomas M. Davis</u>			13b. MOTHER'S MAIDEN NAME <u>Rose Ann Norton</u>		14. NAME OF HUSBAND OR WIFE <u>Lennie 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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>L. O. Inman</u> ADDRESS <u>Rutledge Mo.</u>			
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>Lymphatic Leukemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hemorrhage</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND 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) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>2040</u>			
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 <u>1/15</u> , 19 <u>56</u> , to <u>2/9</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3/8</u> , 19 <u>56</u> , and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. Dennis, D.O.</u> (Degree or title)				23b. ADDRESS <u>Baring, MO</u>		23c. DATE SIGNED <u>3/10/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>13 Mar 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greensburg cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Greensburg, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Mar 13 56</u>		REGISTRAR'S SIGNATURE <u>Helle L. Hunsolt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. B. Grimer</u>		ADDRESS <u>Edina, Mo</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

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NOV 29 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, _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Mrs J. W. Hudson*

Licensed Embalmer No. *2972*

P. O. Address *Edina 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.