

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018713

STATE FILE NUMBER

FILED JUN 4 1958 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 263

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) JOPLIN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN WEBB CITY 04920
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST JOHNS		Length of stay in lb 34 DAYS	d. STREET ADDRESS (If outside, give location) 1413 CRESTWOOD DRIVE
3. NAME OF DECEASED (Type or print) First Middle Last JOHN JOSEPH INMAN			4. DATE OF DEATH Month Day Year MAY 10 1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB 20, 1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DISTRICT MANAGER		10b. KIND OF BUSINESS OR INDUSTRY AMERICAN LEAD & ZINC	11. BIRTHPLACE (City and state or country) PURDY MISSOURI
13a. FATHER'S NAME HENRY INMAN		13b. MOTHER'S MAIDEN NAME CHLOE NORTHCUTT	14. NAME OF HUSBAND OR WIFE RUTH INMAN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES		16. SOCIAL SECURITY NO.	17. INFORMANT MRS RUTH INMAN
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial failure and auricular fibrillation.			INTERVAL BETWEEN ONSET AND DEATH Over 2 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			4331H
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bronchogenic carcinoma of the right lung, with metastasis.			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 2-17-58 to 5-10-58 and last saw him alive on 5-9-58 Death occurred at 9:00 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Schlefer (Degree or title)		22b. ADDRESS 410 Jackson, Joplin, Mo.	22c. DATE SIGNED 5-22-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAY 12, 1958	23c. NAME OF CEMETERY OR CREMATORY MOUNT HOPE	23d. LOCATION (City, town, or county) (State) WEBB CITY MISSOURI
24. FUNERAL DIRECTOR HEDGE-LEWIS FUNERAL HOME, WEBB CITY MO.		25. DATE RECD. BY LOCAL REG. 5-26-1958	26. REGISTRAR'S SIGNATURE Nora Merriam

Health, Welfare, Public Service

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JUN 4 1958

Jasper County Health Office  
County File Number 58-6-585  
Filed JUN 2 1957

JUN 8 1958

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SJA

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 *Richard Gray Lou* .....

Licensed Embalmer No. *4403*  
P. O. Address *Webb City*

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.