No. 300
10.48

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

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 58-018917

BIRTH NO. FILED JUN 2 1958 REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 117

**1. PLACE OF DEATH**
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Bedford Twp.
c. LENGTH OF STAY (in this place): 1 Wk
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lincoln Co. Memorial Hosp.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lincoln
c. CITY OR TOWN: Silex 0570
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): No Street Address

**3. NAME OF DECEASED** (Type or Print)
a. (First): Margaret
b. (Middle): Elizabeth
c. (Last): Inlow

**4. DATE OF DEATH** (Month) (Day) (Year): May 4, 1958.

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: May 6, 1882
**9. AGE** (In years last birthday): 75 — 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): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**: Own Home
**11. BIRTHPLACE** (City and State or Foreign Country): Lincoln Co. Missouri.
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: George W. Colbert
**13b. MOTHER'S MAIDEN NAME**: Sarah Hickerson
**14. NAME OF HUSBAND OR WIFE**: Samuel P. Inlow

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service): None
**16. SOCIAL SECURITY NO.**: 492-36-4025
**17. INFORMANT'S SIGNATURE OR NAME — ADDRESS**: Olin Inlow. Rt.2 Silex, Missouri.

**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.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMATOSIS, GENERALIZED — INTERVAL BETWEEN ONSET AND DEATH: ONE YEAR

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) PRIMARY CARCINOMA OVARY — 2 YEARS

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

*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 ☐ NO ☒

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* JUNE, 1957, *to* MAY, 1958, *that I last saw the deceased alive on* May 4, 1, 1958, *and that death occurred at* 11:50 A.m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: Paul Berry
(Degree or title): M.D. 0
**23b. ADDRESS**: Troy, Missouri
**23c. DATE SIGNED**: 5/6/58

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 5/7/58
**24c. NAME OF CEMETERY OR CREMATORY**: Fairview Cemetery
**24d. LOCATION** (City, town, or county) (State): Lincoln Co. Missouri

**DATE REC'D BY LOCAL REG.**: May 26-1958
**REGISTRAR'S SIGNATURE**: Charlotte Leek DEPUTY
**25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS**: Kemper-Marsh Funeral Home Troy, Mo.

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy, Missou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.