

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-027904  
State File No.

FILED JUL 21 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence; before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid, Mo</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>		c. LENGTH OF STAY (In this place) <u>8</u>	c. CITY OR TOWN <u>New Madrid, Mo</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Delta Community Hospital</u>		F. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ruby</u>	b. (Middle) <u>Imogene (Clark)</u>	c. (Last) <u>Inman</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>June 30 1958</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug, 26 1927</u>	9. AGE (In years last birthday) <u>30</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>4</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ark. /</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			

13a. FATHER'S NAME <u>Claude William Clark</u>	13b. MOTHER'S MAIDEN NAME <u>Edna Bell Reno</u>	14. NAME OF HUSBAND OR WIFE <u>Leon Inman</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>429-38-7751</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George S. Clark</u> ADDRESS <u>403 Vandevender</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Cervix</u>		INTERVAL BETWEEN ONSET AND DEATH <u>21 Mo.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(Specimens all)</u>		
	DUE TO (c) <u>1. Anemia - Vaginal Hemorrhage</u> <u>2. Uremia</u>		
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>71X</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 Sept 10, 1956 to June 30, 1958, that I last saw the deceased alive on June 29, 1958, and that death occurred at 5:54 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles B. Sm. Jr MD</u> (Degree or title)	23b. ADDRESS <u>Sikeston Mo</u>	23c. DATE SIGNED <u>6-30-58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/1/58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mounds Park</u>	24d. LOCATION (City, town, or county) (State) <u>Near New Madrid, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-8-58</u>	REGISTRAR'S SIGNATURE <u>Marjella Hunter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard H. Miller</u> ADDRESS <u>New Madrid</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

29

JUN 21 1960

DATE RECEIVED 7-14-58  
SCOTT CO. HEALTH DEPT.  
FILE No. 758-169

JUN 21 1960 SA

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 Tammy B. Roberts .....

Licensed Embalmer No. 4880

P. O. Address New York

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.