

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000849  
State File No. ....

FILED FEB 9 1959

BIRTH MO. \_\_\_\_\_ REG. DIST. NO. 116116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 35

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

1. PLACE OF DEATH a. COUNTY <i>Franklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo 0360</i> b. COUNTY <i>Franklin</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Washington Mo.</i>		c. CITY OR TOWN <i>Leslie Mo.</i>	
c. LENGTH OF STAY (in this place) <i>10 yrs</i>		d. In 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 <i>St. Francis Hospital</i>		e. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <i>Thomas</i>		b. (Middle) <i>E.</i>	
c. (Last) <i>Inman</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Jan 30 1959</i>	
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>May 27 1881</i>
9. AGE (In years last birthday) <i>77</i>		# UNDER 1 YEAR Months <i>5</i> Days <i>3</i>	# UNDER 2 MRS. Hours <i>1</i> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Auditor</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Rail Road</i>	
11. BIRTHPLACE (City and State or Foreign Country) <i>Pinefield Ill.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13a. FATHER'S NAME <i>Unknown</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	
14. NAME OF HUSBAND OR WIFE <i>Unknown</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	
16. SOCIAL SECURITY NO. <i>Unknown</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mildred J. Harrett 3458 Beardale St. St. Louis, Mo.</i>	
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) <i>Myocardial Infarction</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Arterial Sclerosis of Heart Vessels</i> DUE TO (c) <i>Chy. Colon &amp; Prostate Prostate about 3 yrs ago</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <i>Chy. Colon &amp; Prostate Prostate about 3 yrs ago</i>		INTERVAL BETWEEN ONSET AND DEATH <i>24 hrs</i>	
19a. DATE OF OPERATION <i>1955</i>	19b. MAJOR FINDINGS OF OPERATION <i>Chy. Colon &amp; Lymph No. to be involuntarily 4/20/11</i>		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)	
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 <i>1-3</i> , 1958, to <i>1-30</i> , 1959, that I last saw the deceased alive on <i>1-29</i> , 1959, and that death occurred at <i>130 P. m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Glenn R. Smith M.D.</i>		23b. ADDRESS <i>St. Louis</i>	23c. DATE SIGNED <i>1-31-59</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Cremation</i>	24b. DATE <i>Feb. 2 1959</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Oak Grove</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis County Mo</i>
DATE REC'D BY LOCAL REG. <i>2/2/59</i>	REGISTRAR'S SIGNATURE <i>R. H. Williams E. P. Shidmore</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>E. H. Lemme Beaufort Mo</i>	

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 E. H. Lemme Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed E. H. Lemme

Licensed Embalmer No. 3076

P. O. Address Beaufort

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.