. Health,
& Welfare
. Public
h Service

S. 300
. 1-57

20

FILED VS AUG 17 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-029610
STATE FILE NUMBER

Registration District No. 169 Primary Registration District No. Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY Knox
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) 2 mi SE Rutledge — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Residence — Length of stay in 1b
1

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Knox
c. CITY OR TOWN Rutledge — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐
6520

3. NAME OF DECEASED (Type or print) First LENNIE Middle OLEN Last INMAN

4. DATE OF DEATH Month Aug Day 10, Year 1959

5. SEX M
6. COLOR OR RACE W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH April 11, 1901
9. AGE (In years last birthday) 58 — 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Scotland County
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Thomas Inman
13b. MOTHER'S MAIDEN NAME Rose A. Hicks
14. NAME OF HUSBAND OR WIFE Lula Opal Davis Inman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 720-07-7244
17. INFORMANT Miss Hazel Davis Address Rutledge, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis
DUE TO (c) 4201
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Not present at time of and last saw her/him alive on death
Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ed. Dennis Do
22b. ADDRESS Baring Mo
22c. DATE SIGNED 8/12/59

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 12 Aug '59
23c. NAME OF CEMETERY OR CREMATORY Greensburg Cemetery
23d. LOCATION (City, town, or county) (State) Knox County, Missouri

24. FUNERAL DIRECTOR A.G. Rimer ADDRESS Edina, Mo
25. DATE RECD. BY LOCAL REG. Aug. 14-1959
26. REGISTRAR'S SIGNATURE Nell S. Hunalt

HUDSON FUNERAL HOME (Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

51
0

AUG 27 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, ~~or by~~ ....., Student Embalmer No. ..... working under my personal supervision.

Student ..... Signature of Student Embalmer

Signed A S Riner

Licensed Embalmer No. 5041

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.