URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 19 1959

59-035847
STATE FILE NUMBER

MENDED

Registration District No. 928 Primary Registration District No. 2000 Registrar's No. 1087

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Length of stay in 1b: 4 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Corner Walnut Street and Dollison Avenue — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Greene
c. CITY OR TOWN Springfield — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 729 W. Tampa Street — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First PIERSON — Middle **** — Last INMON
4. DATE OF DEATH: Month Oct. — Day 11 — Year 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10/4/1909
9. AGE (last birthday): 50 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Gen. Moving Co.
11. BIRTHPLACE (City and state or country): Enterprise, Alabama U.S.A.
12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME: Will. Inmon
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Elizabeth Inmon
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.: 416-14-5459
17. INFORMANT: Elizabeth Inmon, 729 W. Tampa St., Springfield, 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) Burns over most of body — INTERVAL BETWEEN ONSET AND DEATH: ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.) Two car collision at intersection of two streets, with the car burning. He was a passanger in the car.
20c. TIME OF INJURY: Hour 12:15 P.M. a.m. p.m. — Month, Day, Year 10/11/59
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.) Street intersection
20f. CITY, TOWN, OR LOCATION: Springfield — COUNTY: Greene — STATE: Missouri

BY AFFIDAVIT OF

21. I attended the deceased from ____, to ____ and last saw her/him alive on ____
Death occurred at aprox 12:15 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Ralph Thieme (Degree or title) Greene County Coroner
22b. ADDRESS: Springfield, Missouri
22c. DATE SIGNED: 10/13/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 14 Oct. 1959
23c. NAME OF CEMETERY OR CREMATORY: Greenlawn Cemetery
23d. LOCATION (City, town, or county) (State): Springfield, Missouri

24. FUNERAL DIRECTOR ADDRESS: 1200 Boonville Avenue, Ralph Thieme, Springfield, Missouri
25. DATE RECD. BY LOCAL REG.: 10-13-59
26. REGISTRAR'S SIGNATURE: Effie B. Melton

(Licensed Embalmer's Statement on Reverse Side)

VS OCT 19 1959

VS OCT 20 1959

NOV 12 1959

JUN 2 1960

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_____ Signed Harold Futrell

Signature of Student Embalmer

Licensed Embalmer No. 5079

P. O. Address Springfield

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