URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–040613

STATE FILE NUMBER

FILED VS DEC 9 1959

Registration District No. 256 Primary Registration District No. 2001 Registrar's No. 568

AMENDED

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin
Length of stay in 1b D.O.A.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Freeman Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Webb City
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 20 S. Jefferson
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First B. Middle M. Last Inman
4. DATE OF DEATH Month November Day 25, Year 1959
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 5/10/1877
9. AGE (last birthday) 82
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) Retired
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and state or country) Freemont, Ohio
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Frank M. Inman
13b. MOTHER'S MAIDEN NAME No Data
14. NAME OF HUSBAND OR WIFE Clara E Inman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Arthur E. Inman, Newark, Del. Address

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 48 hours
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)
Post inflammatory fibrosis lungs.
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.)
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 4-14-52, to 11-25-59 and last saw ~~him~~ alive on 11-13-59
Death occurred at ____ m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE [signature] (Degree or title)
22b. ADDRESS 110 N. Webb, Webb City, Mo
22c. DATE SIGNED 11-27-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11/28/1959
23c. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery
23d. LOCATION (City, town, or county) Webb City, (State) Missouri
24. FUNERAL DIRECTOR ADDRESS Hedge-Lewis Funeral Home, Webb City, Mo.
25. DATE RECD. BY LOCAL REG. 12-2-1959
26. REGISTRAR'S SIGNATURE Dovie Merriam

BY AFFIDAVIT OF DOCUMENT

(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 embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Richard Troy Lee

Signature of Student Embalmer

Licensed Embalmer No. 4403

P. O. Address Webb City

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