

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-026901

STATE FILE NUMBER

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 106

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 30 1962			
<p><b>1. PLACE OF DEATH</b></p> <p>a. COUNTY <u>Iron</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ironton</u> Length of stay in 1b <u>DOA</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hosp.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p><b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> COUNTY <u>Iron</u></p> <p>c. CITY OR TOWN <u>Arcadia</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>7 mi. SE of Arcadia</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		
<p><b>3. NAME OF DECEASED</b> First Middle Last <u>GILBERT JACKSON INMAN</u></p>			
<p><b>4. DATE OF DEATH</b> Month Day Year <u>July 23 1962</u></p>			
<p><b>5. SEX</b> <u>male</u></p>	<p><b>6. COLOR OR RACE</b> <u>white</u></p>	<p><b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p><b>8. DATE OF BIRTH</b> <u>Sept 2 1902</u></p>
<p><b>9. AGE</b> (last birthday) <u>59</u></p>		<p><b>IF UNDER 1 YEAR</b> Months Days <b>IF UNDER 24 HR</b> Hours Min.</p>	
<p><b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>laborer</u></p>		<p><b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>timber</u></p>	
<p><b>11. BIRTHPLACE</b> (City and state or country) <u>Reynolds Co. Mo.</u></p>		<p><b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u></p>	
<p><b>13a. FATHER'S NAME</b> <u>Enoch Inman</u></p>		<p><b>13b. MOTHER'S MAIDEN NAME</b> <u>Elzada Barton</u></p>	
<p><b>14. NAME OF HUSBAND OR WIFE</b> <u>Beulah B. Inman</u></p>			
<p><b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)</p>		<p><b>16. SOCIAL SECURITY NO.</b></p>	
		<p><b>17. INFORMANT</b> Address <u>Mrs. Beulah Inman, Arcadia Mo.</u></p>	
<p><b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>After thorough investigation the cause of death was Coronary Thrombosis.</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>			<p><b>INTERVAL BETWEEN ONSET AND DEATH</b></p>
<p><b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p><b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/></p>	
<p><b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)</p>			
<p><b>20c. TIME OF INJURY</b> Hour Month, Day, Year a.m. p.m.</p>			
<p><b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p>		<p><b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	
		<p><b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE</p>	
<p><b>21. I attended the deceased from _____ to _____ and last saw her/him alive on _____</b></p> <p>Death occurred at <u>2.55 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p><b>22a. SIGNATURE</b> (Degree or title) <u>Mrs Avis Jones, Registrar Ironton, Missouri</u></p>		<p><b>22b. ADDRESS</b> <u>Ironton, Missouri</u></p>	
		<p><b>22c. DATE SIGNED</b> <u>7-24-62</u></p>	
<p><b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>burial</u></p>		<p><b>23b. DATE</b> <u>7-25-62</u></p>	
<p><b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Cove Cemetery</u></p>		<p><b>23d. LOCATION</b> (City, town, or county) (State) <u>Arcadia Mo.</u></p>	
<p><b>24. FUNERAL DIRECTOR</b> <u>Beuel J. White</u></p>		<p><b>25. DATE RECD. BY LOCAL REG.</b> <u>7-24-62</u></p>	
<p><u>White Funeral Home, Ironton Mo.</u></p>		<p><b>26. REGISTRAR'S SIGNATURE</b> <u>Mrs Avis Jones</u></p>	

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

name of decedent as recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

**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 Arnel J. White

Licensed Embalmer No. 3012

P.O. Address Greenville, S.C.

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.