THEO MAE	2 2 2 2 2 2 2 2	THE DIVISION OF HE				
LITED MAH	R 26 1956	STANDARD CERTIF	ICATE OF DEA	ATH Stat	e File No	875
BIRTH NO		_ REG. DIST. NO. <u>224</u>	PRIMARY REG. DIST.	NO 304-6 Reg	istrar's No	24
I. PLACE OF DEA	ATH			ENCE (Where deceased		: residence b
a. COUNTY	niteau C	io.	a. STATE Mis:	souri	Moni	
b. CITY (If outside co			c. CITY		d In Residence -	utthin limit of
OR		township) STAY (in this place)	OR TOWN Calif.	fornia	a city or incor Yes	rporated town?
- FULL NAME OF		MO Walker Life	• STREET	(If rural, give location)	ж_	7 57
HOSPITAL OR	It not in nonbiret of it	netitution, give street address or location)	ADDRESS	(11 td.mr. Eres nocertion)		0 40%
	<u> Home) 61</u>	<u>lS. East St</u>	6	II S. East	St	<u> </u>
3. NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)	4. DATE	(Month) (Da	y) (Year
	/illiam	Frankiiin	Inman	DEATH :	3/23/56	
	COLOR OR RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (Bredley	8. DATE OF BIRTH	9. AGE (In y	BATO IF UNDER 1 YEAR	OF UNDER 44
54n T n	Tille of the		+ 5.3 0 3000	last birthda;	Months Days	Hours   M
Male	White	MI dowed	Feb 7 188		··· 쿠 뷰[호	TIZENOE
done during most of works	a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) 12. CITIZEN OF WHA' COUNTRY?			
Brick Laye	r	1.Comon Labor	Missouri		t s	Δ
13a. FATHER'S NAME		4- 136. MOTHER'S MAIDEN	NAME	14. NAME OF HUSBA	ND/OR WIFE	
James Inma	ın .	UnKnown		110000000		
15. WAS DECEASED EVE	R IN U.S. ARMED I	FORCES?   16. SOCIAL SECURITY	17. INFORMANT		NAME .	ADDRES
(Yes, no, or unknown)   (II	yes, give war or dates	of sorvion) NO.	Ril. L.	Immer C	alifornia	2010
18. CAUSE OF DEATH	110	1 / 1 = 1 1 2 = 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CERTIFICATION		1 INT	ERVAL BETWE
Enter only one on use per	I. DISEASE OR CO	ONDITION				SET AND DEA
line for (a), (b), and (c)	DIRECTLY LEAD	ING TO DEATH*(a)	roung ( 4	nomenous		ا لاسيكا
*This does not mean	ANTECEDENT CA	AUSES	, , ,	11		
the mode of dring, such	Morbid conditions	s, if any, giving DUE TO (b)	me linger	cardity		Zu.
as heart fallure, asthenia,	rise to the above on the underlying cou		<b>2</b> . <b>5</b> .			. ₫
cic. It means the dis-	ine-angerry-ny can	DUE TO (c)	" myo caroli	al dearing		
case, injury, or complica- tion which caused death.	II. OTHER SIGNII	FICANT CONDITIONS	- V	0		
<del>~</del> -	Conditions contrib	buting to the death but not	•	* 1	1	A
· · ·	related to the disca	se or condition causing death.	·	-1 1	1 20	AUTORCYT
19a. DATE OF OPERA- TION	related to the disca	outing to the death but not se or condition causing death. DINGS OF OPERATION		A 2		AUTOPSY1
TION	related to the disea 19b. MAJOR FINE	se or condition causing death.  DINGS OF OPERATION		42	) <sub> </sub>	AUTOPSY?
TION	related to the disea  19b. MAJOR FINE  (Specify)	use or condition causing death.  DINGS OF OPERATION  21b. PLACE OF INJURY (e.g., to or about	21c. (CITY, TOWN, OR	. <u> '</u>	o ( ' '   '	```
TION	related to the disea  19b. MAJOR FINE  (Specify)	se or condition causing death.  DINGS OF OPERATION	21c. (CITY, TOWN, OR	. <u> '</u>	) <sub> </sub>	```
TION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Month)	related to the disea   19b. MAJOR FINE   (Specify)	use or condition causing death.  DINGS OF OPERATION  21b. PLACE OF INJURY (e.g., to or about	21c. (CITY, TOWN, OR	TOWNSHIP) (	) <sub> </sub>	
TION  21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month)	related to the disea   19b. MAJOR FINE   (Specify)	ize or condition causing death.  DINGS OF OPERATION  21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg., etc.)  21e. INJURY OCCURRED  WHILE AT NOT WHILE	Cale	TOWNSHIP) (	) <sub> </sub>	```
TION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME OF INJURY  OF	related to the disease 19b. MAJOR FINE (Specify) (Duy) (Year) (	21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg., etc.)  21c. INJURY OCCURRED  WHILE AT NOT WHILE WORK AT WORK	211. HOW DID INJURY	TOWNSHIP) (0	COUNTY)	es No. (STATE)
TION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Month) OF INJURY  22. I hereby certify in	related to the disea  19b. MAJOR FINE  (Specify)  (Duy) (Year) (	ise or condition causing death.  DINGS OF OPERATION  21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg., etc.)  (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	211. HOW DID INJURY	TOWNSHIP) (0  LOCCURT / U  - 27 1856	that I last saw	(STATE)  (STATE)
TION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME OF INJURY  OF	related to the disea  19b. MAJOR FINE  (Specify)  (Duy) (Year) (	DINGS OF OPERATION  21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)  (Hour) 21c. INJURY OCCURRED WHILE AT NOT WHILE MORK AT WORK  the deceased from 9-29  Le, and that death occurred at	21f. HOW DID INJURY 21f. to 3 0/55 m., from the	TOWNSHIP) (0  LOCCURT / U  - 27 1856	that I last saw	STATE)  (STATE)  UCo  the decea
TION  21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY  22. I hereby certify in	related to the disea  19b. MAJOR FINE  (Specify)  (Duy) (Year) (	ise or condition causing death.  DINGS OF OPERATION  21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg., etc.)  (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	21f. HOW DID INJURY 21f. to 3 0/55 m., from the	TOWNSHIP) (0  LOCCURT / U  - 27 1856	that I last saw	STATE)  (STATE)  UCo  the decea
TION  21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY  22. I hereby certify is	related to the disea  19b. MAJOR FINE  (Specify)  (Duy) (Year) (	DINGS OF OPERATION  21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)  (Hour) 21c. INJURY OCCURRED WHILE AT NOT WHILE MORK AT WORK  the deceased from 9-29  Le, and that death occurred at	21f. HOW DID INJURY 21f. to 3 0/55 m., from the	TOWNSHIP) (0  LOCCURT / U  - 27 1856	that I last saw	(STATE)  When the deceanse.  DATE SIGN
TION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Month) OF INJURY  22. I hereby certify alive on	(Specify)  (Duy) (Tear) (Carry) (Tear) (Carry) (Tear) (Tear) (Carry) (C	DINGS OF OPERATION  21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)  (Hour) 21c. INJURY OCCURRED WHILE AT NOT WHILE MORK AT WORK  the deceased from 9-29  Le, and that death occurred at	21f. HOW DID INJURY  21f. HOW DID INJURY  1955, to 3  9/551 m., from the state of t	TOWNSHIP) (0  LOCCURT / U  - 27 1856	that I last saw date stated abo	ss No. (STATE)  the decea
TION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Measth) OF INJURY  22. I hereby certify to alive on	(Specify)  (Duy) (Tear) (Carry) (Tear) (Carry) (Tear) (Tear) (Carry) (C	Like or condition causing death.  DINGS OF OPERATION  21b. PLACE OF INJURY (e.g., in or about bone, farm, factory, street, office bidg., etc.)  (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE AT WORK AT WORK  the deceased from 9-29  G, and that death occurred at Degree or tille)  124c. NAME OF CEMETER	211. HOW DID INJURY  211. HOW DID INJURY  1955, to 3  0/55 pm., from the part of the part	TOWNSHIP)  (C)  (C)  (C)  (C)  (C)  (C)  (C)  (	that I last saw date stated abo	(STATE)  We the decea
TION  21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Measth) OF INJURY  22. I hereby certify to alive on	(Openity)  (Day) (Year) (Car) (Car) (Jac) (Day) (Year) (Car) (Jac)	ise or condition causing death.  DINGS OF OPERATION  21b. PLACE OF INJURY (e.g., in or about bonne, farm, factory, street, office bidg., etc.)  (Hour)   21e. INJURY OCCURRED   WHILE AT   NOT WHILE   NOT WHILE   NOT WHILE   OF CE, and that death occurred at   Operation of the condition of the co	211. HOW DID INJURY  211. HOW DID INJURY  1955, to 3  0/55 pm., from the part of the part	TOWNSHIP)  (COLURI  -22, 18 5 (  the causes and on the  Clauses and continued to the causes and	that I last saw date stated abo	the decea  othe decea  ve.  DATE SIGN  (State)
TION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Measth) OF INJURY  22. I hereby certify to alive on	(Specify)  (Duy) (Year) (Interpreted to the disease (Specify)  (Duy) (Year) (Interpreted to the disease (Interpret	Like or condition causing death.  DINGS OF OPERATION  21b. PLACE OF INJURY (e.g., in or about bone, farm, factory, street, office bidg., etc.)  (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE AT WORK AT WORK  the deceased from 9-29  G, and that death occurred at Degree or tille)  124c. NAME OF CEMETER	211. HOW DID INJURY  211. HOW DID INJURY  1955, to 3  0/55 pm., from the property of CREMATORY	TOWNSHIP)  (COLURI  -22, 18 5 (  the causes and on the  Clauses and continued to the causes and	that I last saw date stated abo  WW 3.00m, or county)	the decea  othe decea  ve.  DATE SIGN  (State)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

includy dollary and dolly and or	
by me, or by	, Student Embalmer No
working under my personal supervision	

Student Signed Josk H. Bowline

P. O. Address Calforin

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