

FILED MAR 26 1956

STANDARD CERTIFICATE OF DEATH

State File No. 9875

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|---|--|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 224 | | PRIMARY REG. DIST. NO. 3046 | | Registrar's No. 24 | |
| 1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California, MO Walker Life</u> | | | | c. CITY OR TOWN <u>California</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>(Home) 611 S. East St</u> | | | | e. STREET ADDRESS (If rural, give location) <u>611 S. East St.</u> 0686 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Inman</u> | | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3/23/56</u> | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>Feb 7 1887</u> | |
| 9. AGE (In years last birthday) <u>69</u> | | 10. UNDER 1 YEAR Months <u>1</u> Days <u>16</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Brick Layer</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Comon Labor</u> | | | |
| 13a. FATHER'S NAME <u>James Inman</u> | | | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Deceased</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | | | 16. SOCIAL SECURITY NO. <u>499-10-0433</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Richard Inman</u> ADDRESS <u>California 7780</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>with myocardial degeneration</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION | | | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>California, Moniteau, Mo</u> | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | | |
| 22. I hereby certify that I attended the deceased from <u>9-29</u> , 19 <u>55</u> , to <u>3-23</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3-23</u> , 19 <u>56</u> , and that death occurred at <u>9:55</u> p.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>R. B. Dulhe</u> (Degree or title) <u>MD</u> | | | | 23b. ADDRESS <u>California, Mo</u> | | 23c. DATE SIGNED <u>3-24-56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>3/25/56</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>California, Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>3-26-56</u> | | REGISTRAR'S SIGNATURE <u>Byrd A. Bridges</u> | | FUNERAL DIRECTOR'S SIGNATURE <u>Earl Bonasia</u> ADDRESS <u>California, Mo</u> | | | |

(Licensed Embalmer's, Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Licensed Embalmer No. 49

P. O. Address California

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.