

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42014**

FILED JAN -2 1957

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5635 Registrar's No. 200

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Phillipsburg</u> c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Phillipsburg Rural</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Rural Route # 1</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Rt # 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Virgil</u> b. (Middle) <u>Albert</u> c. (Last) <u>Inselove</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 17, 1956</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 1, 1897</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>16</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer & Stockman</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (State or foreign country) <u>Phillipsburg Mo. U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY?	
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13a. FATHER'S NAME <u>John W Inselove</u>		13b. MOTHER'S MAIDEN NAME <u>Randy Biggs</u>		14. NAME OF HUSBAND OR WIFE <u>Irene</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Irene Inselove</u> ADDRESS <u>Phillipsburg Mo.</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>19 days</u> <u>Disputed</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malignant Glioma</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Left Parietal Region of Brain</u> DUE TO (c) <u>193X</u>		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>Dec 56</u>	19b. MAJOR FINDINGS OF OPERATION <u>Inoperable malignancy of Brain</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>	21b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 19 Dec 1956 to 17 Dec 1956 that I last saw the deceased alive on 16 Dec 1956 and that death occurred at 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul A Jenkins MD.</u>	23b. ADDRESS <u>Lebanon Mo.</u>	23c. DATE SIGNED <u>12-21-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/19/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Rose Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Lebanon Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-21-1956</u>	REGISTRAR'S SIGNATURE <u>Hella L. Day</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Halman Funeral Home</u> ADDRESS <u>Lebanon Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Received 12-31-56
Laclede County Health Unit
File No. 200
Date Filed 12-31-56

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
Student Embalmer

Signed Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, Mo.

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 this body is not embalmed, fact should be so stated above.