

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032948

FILED VS. SEP 22 1959 383

Primary Registration District No. 5655 Registrar's No. 108

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Lawrence</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mt Vernon</u>		Length of stay in 1b <del>13 1/2</del>		c. CITY OR TOWN <u>Mt Vernon</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mt Vernon Golf Course</u>				d. STREET ADDRESS (If outside, give location) <u>South Walnut</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Donald</u> Middle <u>Ray</u> Last <u>Inmon</u>				4. DATE OF DEATH Month <u>Sept</u> Day <u>16</u> Year <u>1959</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb-12-1936</u>	9. AGE (last birthday) <u>23</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bulldozer Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (City and state or country) <u>Ava, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Chester Alfred Inmon</u>			13b. MOTHER'S MAIDEN NAME <u>Bertha Shipp</u>			14. NAME OF HUSBAND OR WIFE <u>Carolyn Inmon</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>486-40-8306</u>		17. INFORMANT <u>Carolyn Inmon MT Vernon, Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fractured skull - accidental</u>							INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>While bulldozing trees, one fell crushing skull against bulldozer.</u>					
20c. TIME OF INJURY Hour <u>1:30</u> p.m. <u>9-16-59</u>	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, public bldg., etc.) <u>City Park</u>		20f. CITY, TOWN, OR LOCATION <u>Mt Vernon, Lawrence, Mo</u>		STATE <u>Mo</u>		21. I attended the deceased from <u>11/13/58</u> to <u>4/23/59</u> and last saw him alive on <u>4/23/59</u> Death occurred at <u>1:30p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Genneth Grever MD</u> (Degree or title)				22b. ADDRESS <u>Mt Vernon, Mo</u>		22c. DATE SIGNED <u>9/17/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Sept-19-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ava Cemetery</u>		23d. LOCATION (City, town, or county) <u>Ava, Mo.</u>		
24. FUNERAL DIRECTOR <u>May L Foust</u>		ADDRESS <u>Mt Vernon, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-17-59</u>		26. REGISTRAR'S SIGNATURE <u>Earl Handricks</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 23 1961

MAY 18 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Max L. Fossett

Licensed Embalmer No. 4252

P. O. Address Murkerson

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.