

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029217

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 261

FILED JUL 29 1963

1. PLACE OF DEATH a. COUNTY <p style="text-align: center; font-size: 1.2em;">Marion</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <p style="text-align: center; font-size: 1.2em;">Mo</p>		b. COUNTY <p style="text-align: center; font-size: 1.2em;">Ralls.</p>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <p style="text-align: center; font-size: 1.2em;">Hannibal, Missouri.</p>		Length of stay in 1b <p style="text-align: center; font-size: 1.2em;">24 Hrs</p>		c. CITY OR TOWN <p style="text-align: center; font-size: 1.2em;">Center, Missouri.</p>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <p style="text-align: center; font-size: 1.2em;">St Elizabeth Hospital</p>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <p style="text-align: center; font-size: 1.2em;">Center Township.</p>	
3. NAME OF DECEASED (Type or print) <p style="text-align: center; font-size: 1.2em;">SAMUEL C. INMAN JR.</p>		First Middle Last		4. DATE OF DEATH Month Day Year <p style="text-align: center; font-size: 1.2em;">July 12, 1963</p>	
5. SEX <p style="text-align: center; font-size: 1.2em;">Male</p>	6. COLOR OR RACE <p style="text-align: center; font-size: 1.2em;">White</p>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <p style="text-align: center; font-size: 1.2em;">7-10-63</p>	9. AGE (last birthday) IF UNDER 1 YEAR Months Days <p style="text-align: center; font-size: 1.2em;">24</p>	IF UNDER 24 HR Hours Min. <p style="text-align: center; font-size: 1.2em;">24</p>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center; font-size: 1.2em;">Child</p>		10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center; font-size: 1.2em;">Child</p>		11. BIRTHPLACE (City and state or country) <p style="text-align: center; font-size: 1.2em;">Hannibal, Mo.</p>	
12. CITIZEN OF WHAT COUNTRY <p style="text-align: center; font-size: 1.2em;">U.S.A.</p>		13a. FATHER'S NAME <p style="text-align: center; font-size: 1.2em;">Samule Inman Sr.</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center; font-size: 1.2em;">Patrica Baker.</p>	
14. NAME OF HUSBAND OR WIFE <p style="text-align: center; font-size: 1.2em;">Samuel Inman.</p>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <p style="text-align: center; font-size: 1.2em;">No</p>		16. SOCIAL SECURITY NO. <p style="text-align: center; font-size: 1.2em;">[Redacted]</p>	
17. INFORMANT <p style="text-align: center; font-size: 1.2em;">Samuel Inman.</p>		Address <p style="text-align: center; font-size: 1.2em;">Center, Mo.</p>		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>Atelectasis</u> DUE TO (b) <u>Prematurity</u> 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 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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <p style="text-align: center; font-size: 1.2em;">Hannibal, Missouri.</p>		20g. COUNTY		20h. STATE	
21. I attended the deceased from <u>7/10/63</u> to <u>7/11/63</u> and last saw ^{her} him alive on <u>7/11/63</u> . Death occurred at <u>7:00</u> <u>A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <p style="text-align: center; font-size: 1.2em;">Robert J. Lanning MD.</p>		22b. ADDRESS <p style="text-align: center; font-size: 1.2em;">Hannibal, Missouri.</p>		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center; font-size: 1.2em;">Burial</p>		23b. DATE <p style="text-align: center; font-size: 1.2em;">7-13-1963</p>		23c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center; font-size: 1.2em;">Olivet Cemetery.</p>	
23d. LOCATION (City, town, or county) <p style="text-align: center; font-size: 1.2em;">Center, Missouri.</p>		23e. (State)		24. FUNERAL DIRECTOR <p style="text-align: center; font-size: 1.2em;">Alyce Perry, Mo.</p>	
25. DATE RECD. BY LOCAL REG. <p style="text-align: center; font-size: 1.2em;">July 17, 1963</p>		26. REGISTRAR'S SIGNATURE <p style="text-align: center; font-size: 1.2em;">Dr. E. M. Lucke by Lillian M. Norman</p>			

DO NOT WRITE ON THIS STUB

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

1 0648

2 0870

3

4 0

5 0

6

7 0

8 2

9 9762.5

10

11

12 0-0

13 10

USE BLACK INK OR TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

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 Clyde Wilcox

Licensed Embalmer No. 3820

P. O. Address Perry, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Permit received 7/7/63