

S. No. 300
V. 10.48

FILED MAR 11 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7271

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4024 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cassville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Roaring River Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cassville Community Hosp.		d. STREET ADDRESS (If rural, give location) 0050	

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) Inabnit	c. (Last) Inabnit	4. DATE OF DEATH (Month) (Day) (Year) March 9, 1952
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov. 16, 1876	9. AGE (In years last birthday) 75	# UNDER 1 YEAR Months 3	# UNDER 1 YEAR Days 23	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, when retired) <i>Cable operator</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Pulaski Co. Dallas, Ky. /	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charles C. Inabnit	13b. MOTHER'S MAIDEN NAME Maranda Jane Dugger	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 25-34-5070	17. INFORMANT'S SIGNATURE OR NAME Luke Inabnit	ADDRESS Indianapolis, Ind.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chilling and Exposure</i>		<i>24 hrs</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cerebral Hemorrhage</i> DUE TO (c) <i>Arteriosclerotic Heart Disease</i>		<i>24 hrs.</i>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<i>years.</i>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from *Mar. 9, 1952*, to *March 9, 1952*, that I last saw the deceased alive on *March 9, 1952*, and that death occurred at *10:20* m., from the causes and on the date stated above.

23a. SIGNATURE <i>Thomas J. Durm, M.D.</i> (Degree or title)	23b. ADDRESS <i>Cassville, Mo.</i>	23c. DATE SIGNED <i>March 14, 1952</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24b. DATE <i>March 13, 1952</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Roller Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Gateway, Arkansas</i>
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DATE REC'D BY LOCAL REG. <i>3-14-1952</i>	REGISTRAR'S SIGNATURE <i>Grace Williams</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Paul H. Herbert</i>	ADDRESS <i>Cassville</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

0050

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 J. E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville

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.