

FILED FEB 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 981

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Plains		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mountain View	
c. LENGTH OF STAY (in this place) 18 days		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Strickland rest home			
3. NAME OF DECEASED a. (First) James b. (Middle) Arden c. (Last) neese			4. DATE OF DEATH (Month) (Day) (Year) Jan 28-1951
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 14-1868
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months 4 Days 14	IF UNDER 24 HRS. Hours 14 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Tennessee
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Samuel neese	
13b. MOTHER'S MAIDEN NAME Almira Bennett		14. NAME OF HUSBAND OR WIFE Elizabeth Anderson	
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.	
17. INFORMANT'S SIGNATURE OR NAME Mrs Ed Houseman		ADDRESS Teresita, Mo.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Stintility and Brights disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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"/>		INTERVAL BETWEEN ONSET AND DEATH 794X	
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)	
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>1/21</u> , 19 <u>51</u> , to <u>1/27</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1/21</u> , 19 <u>51</u> , and that death occurred at <u>5:50p</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) L.B. Forest M.D.		23b. ADDRESS 217 Missouri Ave	23c. DATE SIGNED 1/31/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-1-51	24c. NAME OF CEMETERY OR CREMATORY Corinth
24d. LOCATION (City, town, or county) (State) Montier, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Duncan Funeral home Mtn View, Mo	
DATE REC'D BY LOCAL REG. 2-1-51		REGISTRAR'S SIGNATURE Beatrice Cook	

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

461
F

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED FEB 5 1951

Dist. File 251-324

Date Filed 2-6-51

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 _____

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

Licensed Embalmer No. 4325

P. O. Address 1111 New York

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.