

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 27

1. PLACE OF DEATH
 a. COUNTY Newton
 b. CITY OR TOWN Granby, Mo
 c. LENGTH OF STAY (in this place) 2 days
 d. FULL NAME OF HOSPITAL OR INSTITUTION Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Missouri b. COUNTY Newton
 c. CITY OR TOWN Route #5 Neosho
 d. STREET ADDRESS Route #5 0730

3. NAME OF DECEASED
 a. (First) ISAAC C. b. (Middle) Bechtel c. (Last) _____
 4. DATE OF DEATH (Month) (Day) (Year) JUNE 13 1951

5. SEX MALE 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH MAR 18, 1868 9. AGE (In years last birthday) 83 Months 2 Days 25 If under 1 year: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER 10b. KIND OF BUSINESS OR INDUSTRY Farming 11. BIRTHPLACE (State or foreign country) Akron, Ohio 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME UNKNOWN 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE Allie Bechtel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Allie Bechtel Neosho R #5 ADDRESS _____

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.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Johripathic Hypertension
 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Disease of Coronary Arteries
 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 NO 4/20/51

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 4/28, 1951, to 6/13, 1951, that I last saw the deceased alive on 6/13, 1951, and that death occurred at 7:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE Wesley M. Tullough (Degree or title) _____ 23b. ADDRESS Law Bk Bldg: Neosho Mo 23c. DATE SIGNED 6/15/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 6-16-51 24c. NAME OF CEMETERY OR CREMATORY Park Cemetery 24d. LOCATION (City, town, or county) (State) Carthage Mo

DATE REC'D BY LOCAL REG. June 16, 1951 REGISTRAR'S SIGNATURE M. L. Young 25. FUNERAL DIRECTOR'S SIGNATURE Clark - Bigham Mart. Neosho, Mo ADDRESS _____

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. _____
District File Number _____
Date Filed _____

Newton C. Health Dept
657-147
9/29/51

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 _____

H. D. Gibson
working under my personal supervision.

Student Embalmer No. *424*

Signed *H. D. Gibson*
Student Embalmer

Signed *K. G. White*

Licensed Embalmer No. *4240*
P. O. Address *Neosho, 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.