

FILED JUN 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16729

State File No.

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 52

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Newton</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town or city) <u>Neosho</u> | | c. CITY OR TOWN <u>Neosho</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>3 Days</u> | | e. STREET ADDRESS (If rural, give location) <u>N. Lincoln St.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sale Memorial Hospital</u> | | | |

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|---|------------|-------------|---------------------------|--|
| 3. NAME OF DECEASED (Type or Print) <u>WILL</u> | a. (First) | b. (Middle) | c. (Last) <u>MARSHALL</u> | 4. DATE OF DEATH: (Month) (Day) (Year) <u>May 15, 1954</u> |
|---|------------|-------------|---------------------------|--|

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|--------------------|-------------------------------|---|---------------------------------------|---|---|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Black</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Mar. 25, 1866</u> | 9. AGE (In years last birthday) <u>88</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 4 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|---------------------------------------|---|---|--|

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|--|--|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Foundry</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Newtonia, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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|-----------------------------------|---|--|
| 13a. FATHER'S NAME <u>Unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>Louisa Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Florence Marshall</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>500-01-5863A</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Florence Marshall, Neosho, Mo.</u> |
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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 <u>April 30, 1954</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cystitis & Pyelitis</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Septic Infection</u> <u>Prostatic hypertrophy</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>610x</u> | 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) |
|--|--|---|

| | | |
|--|--|---------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | 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 May 15, 1954 to May 15, 1954, that I last saw the deceased alive on May 15, 1954, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

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|---|-------------------------------|--------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Melvin C. Bowman M.D.</u> | 23b. ADDRESS <u>Neosho Mo</u> | 23c. DATE SIGNED <u>May 26</u> |
|---|-------------------------------|--------------------------------|

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|---|--------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>5-19-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Neosho I.O.O.F.</u> | 24d. LOCATION (City, town, or county) (State) <u>Neosho, Missouri</u> |
|---|--------------------------|---|---|

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|---|---|---|----------------------------|
| DATE REC'D BY LOCAL REG. <u>5-27-54</u> | REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Thompson</u> | ADDRESS <u>Neosho, Mo.</u> |
|---|---|---|----------------------------|

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 654-96

Date Filed JUN 6 1984

NEOSHO, MISSOURI

JAN 4 1984

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 Ray P. Adams

Licensed Embalmer No. 4920

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