

FILED NOV 29 1954

STANDARD CERTIFICATE OF DEATH

38141

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 126

1. PLACE OF DEATH  
 a. COUNTY Newton  
 b. CITY (If outside corporate limits, write RURAL and give township) Neosho  
 c. LENGTH OF STAY (in this place) \_\_\_\_\_  
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 612 BAXTER ST.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE: Missouri b. COUNTY: Newton  
 c. CITY OR TOWN: Neosho d. Is Residence within limits of a city or incorporated town? Yes  No   
 e. STREET ADDRESS (If rural, give location) 612 BAXTER ST. 07320

3. NAME OF DECEASED  
 a. (First) DORA b. (Middle) LELA c. (Last) BURROW

4. DATE OF DEATH Nov. 2, 1954  
 (Month) (Day) (Year)

5. SEX FEMALE  
 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH JULY 18, 1874

9. AGE (In years last birthday) 80  
 IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
 IF UNDER 24 HRS.: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home

10b. KIND OF BUSINESS OR INDUSTRY Housework

11. BIRTHPLACE (City and State or Foreign Country) Hillsboro Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME T. W. ELARTON

13b. MOTHER'S MAIDEN NAME LUCY GAY

14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME FAMILY RECORDS, NEOSHO MO. 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, assthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Chr Myocarditis  
 ANTECEDENT CAUSES Arteriosclerosis  
 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.

INTERVAL BETWEEN ONSET AND DEATH  
1 year  
10 years.

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

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)  
Neosho MO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) \_\_\_\_\_

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 1950, to 2 NOV, 1954, that I last saw the deceased alive on 1 NOV, 1954 and that death occurred at 2 P m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (In degree or title) \_\_\_\_\_

23b. ADDRESS Neosho MO

23c. DATE SIGNED 16 Nov 54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 11-6-54

24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. CEMETERY

24d. LOCATION (City, town, or county) (State) NEOSHO MISSOURI

DATE REC'D BY LOCAL REG. 11-16-54

REGISTRAR'S SIGNATURE Melvin C. Bowman 223

25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Neosho MO

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

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH UNIT  
District File Number 1154-242  
Date Filed NOV 26 1954

NEOSHO, MISSOURI

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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 Barby Thompson Jr  
Licensed Embalmer No.....

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.