

STANDARD CERTIFICATE OF DEATH

14079

FILED APR 22 1957

STATE FILE NUMBER

Registration District No. 248 Primary Registration District No. 4369 Registrar's No. _____

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY <u>Newton</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Oklahoma</u> b. COUNTY <u>Ottawa</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Seneca</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Seneca, Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> <u>Montgomery Rest</u>		Length of stay in 1b <u>24</u> hrs.	d. STREET ADDRESS <u>1 mi. west of Seneca</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Ellen</u> Middle _____ Last <u>Prophet</u>			4. DATE OF DEATH Month <u>April</u> Day <u>10</u> Year <u>1957</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>Indian</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 26, 1880</u>	9. AGE (In years less birthday) <u>76</u> 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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>000-----</u>	11. BIRTHPLACE (City and state or country) <u>Shellake, Wisconsin</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Leander S. Thomas</u>		13b. MOTHER'S MAIDEN NAME <u>Mary-----</u>		14. NAME OF HUSBAND OR WIFE <u>John</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Mrs. Edna Orner, Warrensburg, Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Insufficiency</u> DUE TO (b) <u>Carcinoma of Liver</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>1561</u>					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Jan 1945</u> to <u>April 10 1957</u> and last saw her alive on <u>April 10 1957</u> Death occurred at <u>336 Seneca, Mo.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>M. B. Mendenhall D.O.</u>			22b. ADDRESS <u>Seneca Mo.</u>		22c. DATE SIGNED <u>4/11/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)
<u>Burial</u>		<u>4/13/57</u>	<u>Seneca Cemetery</u>		<u>Seneca, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>W.E. Biddlecome, Seneca, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>4-13-57</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Irene Russell</u>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

4860

RECEIVED

District Health Officer No. Neustrom
District File Number 457-91
Date Filed APR 17 1957

APR 24 1957

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 W E Beddcome

Licensed Embalmer No. 5174

P. O. Address Geneva Ill

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.