. Health,
& Welfare
Public
h Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-040850
STATE FILE NUMBER

FILED DEC 15 1958 Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 141

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Neosho — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 411 No. High St. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Newton
c. CITY OR TOWN: R.F.D. 0736 — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): Neosho R.F.D. 2 — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: ELIZA Middle: CATHERINE Last: WHITE
4. DATE OF DEATH: Month December Day 6 Year 1958
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: Nov. 10, 1876
9. AGE (In years last birthday): 82 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Cape Fair Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Joe Jones
13b. MOTHER'S MAIDEN NAME: Unknown
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: Mrs. F. N. Grimsley, Address: Neosho Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic Heart Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertension
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 444X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 WORK [ ] NOT WHILE AT WORK [ ]
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 April 1958 to 12-4-58 and last saw her alive on 12-5-58
Death occurred at 3 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: F. E. Whitehead (Degree or title) M.D.
22b. ADDRESS: Neosho Mo.
22c. DATE SIGNED: 12-9-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-8-1958
23c. NAME OF CEMETERY OR CREMATORY: Burkhart
23d. LOCATION (City, town, or county) (State): Newton County Missouri

24. FUNERAL DIRECTOR: Thompson Funeral Home, ADDRESS: Neosho Mo.
25. DATE RECD. BY LOCAL REG.: 12-9-58
26. REGISTRAR'S SIGNATURE: Melvin C. Bowman, M.D.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

Date Filed DEC 12 1959

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 Clyde M. Damron

Licensed Embalmer No. 5065

P. O. Address Meoshon, 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.