

MARI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-002642

FILED VS JAN 27 1960 45

Registration District No. _____ Primary Registration District No. 3047 Registrar's No. 14

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY NEWTON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NEOSHO		Length of stay in 1b 23 Years		c. CITY OR TOWN Neosho	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1315 Broadway		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1315 Broadway	
3. NAME OF DECEASED (Type or print) FRED WESTON			4. DATE OF DEATH Month January Day 12 Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-22-1896	9. AGE (last birthday) 63	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Carpenter Const. Carroll Co., Ark.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Weston		13b. MOTHER'S MAIDEN NAME Phoebe England		14. NAME OF HUSBAND OR WIFE May Weston	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT May Weston, Neosho, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular accident					INTERVAL BETWEEN ONSET AND DEATH a few minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Previous CVA, Diabetes				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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 WORK <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 14 Feb 59 to Oct 59 and last saw him alive on 12 Oct 59 Death occurred at about 8:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Paul B Anderson M.D.			22b. ADDRESS Neosho, Missouri		22c. DATE SIGNED 19 Feb 60 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-16-1960	23c. NAME OF CEMETERY OR CREMATORY Neosho I.O.O.F.		23d. LOCATION (City, town, or county) Neosho, Missouri
24. FUNERAL DIRECTOR ADDRESS THOMPSON FUNERAL HOME, INC. Neosho, Mo.			25. DATE RECD. BY LOCAL REG. Jan. 19, 1960		26. REGISTRAR'S SIGNATURE Melvin C. Bowman MD Paul B Anderson

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Blyde M. Damon

Licensed Embalmer No. 5065

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.