

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042930

STATE FILE NUMBER

FILED VS NOV 29 1960

245

Primary Registration District No. 2047

Registrar's No. 120

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 lb	c. CITY OR TOWN Neosho		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 217 W. Hickory St.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 217 W. Hickory St.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MARTHA HASSELTINE WHITNEY			4. DATE OF DEATH Month Day Year Nov. 17, 1960		
5. SEX F male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/26/79	9. AGE (last birthday) 81	IF UNDER 1 YEAR IF UNDER 24 HR Months Days 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) Boonville Arkansas	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James Durham		13b. MOTHER'S MAIDEN NAME Martha James		14. NAME OF HUSBAND OR WIFE	
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 Address Ann Jones, 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) BRONCHOPNEUMONIA DUE TO (b) HIP FRACTURE DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				INTERVAL BETWEEN ONSET AND DEATH 10 DAYS 1 YEAR	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) BLIND FROM GLAUKOMA-TWO YEARS				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 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 1950 to 17 Nov 1960 and last saw her alive on 17 Nov 1960 Death occurred at 5:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE [Signature] (Degree or title)			22b. ADDRESS NEOSHO MO		22c. DATE SIGNED 19 Nov 1960
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-19-1960	23c. NAME OF CEMETERY OR CREMATORY Howard	23d. LOCATION (City, town, or county) (State) Goodman Missouri		
24. FUNERAL DIRECTOR Thompson Funeral Home, Neosho Mo.		ADDRESS Nov. 19, 1960	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE Delain C. Bowman, MD.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

By

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 *Jimmie C. Jobe*, Student Embalmer No. 619
working under my personal supervision.

Student *Jimmie C. Jobe*
Signature of Student Embalmer

Signed *Elyde M. Diamond*

Licensed Embalmer No. 5065

P. O. Address *Neosho,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.