

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33787
Registrar's No. 274

Registration District No. 274

Primary Registration District No. 356-4439

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Clarity
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether)

In this community Two Weeks
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Lewis 56

(c) City or town Lewistown 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. none (If rural, give location) 1

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MEDDIE INIS NEESON

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3rd
year 1948 hour 2 minute 00 P.M.

21. I hereby certify that I attended the deceased from 10/29/48
19____, to 11/3/48, 19____
that I last saw her alive on 1:20 PM, 19____
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Elmer Neeson

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept-11-1898
(Month) (Day) (Year)

Immediate cause of death Respiratory Failure Duration 6 hrs.

Due to Cardiorenal Failure 1 mo

Due to C.A. Intestinal tract 3 yrs.

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 55 Months 1 Days 23
If less than one day hr. _____ min. _____

9. Birthplace Randolph Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Cal Brooks

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Cynthia Carman

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy 46 E

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Willis Inchie

(b) Address Huntsville Mo.

17. (a) Burial (b) Date thereof Nov-5-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harrisburg Mo.

18. (a) Signature of funeral director now funeral home

(b) Address Proberly Mo.

19. (a) Nov 5-48 (b) Chad Williams
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature O.F. Bansee Jr (M. D. or other) M.D.
Address Sturgeon Mo Date signed 4 Nov 48

REC 17 1948

NOV 12 1948

RECEIVED
District Health Officer No. 10
District File Number 11-48-190
Date Filed NOV 8 - 1948

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Waverly 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 this body is not embalmed, fact should be so stated above.