

FILED MAY 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13223

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

BIRTH NO. _____		REG. DIST. NO. <u>245</u>		PRIMARY REG. DIST. NO. <u>3047</u>		Registrar's No. <u>34</u>	
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u>		c. LENGTH OF STAY (In this place) <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u>		73 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SALE APARTMENTS</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>M^cANTIRE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 5, 1949</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JAN. 12, 1888</u>	
9. AGE (In years last birthday) <u>61</u>		10. UNDER 1 YEAR Months <u>3</u> Days <u>13</u>		11. BIRTHPLACE (State or foreign country) <u>Joplin Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CIVIL SERVICE</u>		11. BIRTHPLACE (State or foreign country) <u>Joplin Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN WILLIAM M^cANTIRE</u>			13b. MOTHER'S MAIDEN NAME <u>LAMPKIN</u>		14. NAME OF HUSBAND OR WIFE <u>MARTHA SUE M^cANTIRE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORLD WAR I</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>WAYNE SLANKARD. Neosho, Mo.</u>			
18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u>	
		ANTECEDENT CAUSES				DUE TO (b) _____	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____	
19a. DATE OF OPERATION _____		II. OTHER SIGNIFICANT CONDITIONS				4 201	
19b. MAJOR FINDINGS OF OPERATION _____		Conditions contributing to the death but not related to the disease or condition causing death. <u>Bergers disease</u>				3 years	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Jan</u> , 1946 to <u>May 5</u> , 1949, that I last saw the deceased alive on <u>May 5</u> , 1949, and that death occurred at <u>7:55 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. E. Maness M.D.</u>				23b. ADDRESS <u>P.O. Box 86, Neosho, Mo.</u>		23c. DATE SIGNED <u>May 6, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-7-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT HOPE</u>		24d. LOCATION (City, town, or county) (State) <u>WEBB City Missouri</u>	
DATE REC'D BY LOCAL REG. <u>May 6, 1949</u>		REGISTRAR'S SIGNATURE <u>Wesley C. Barrman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wesley Thompson</u>		ADDRESS <u>Neosho</u>	

MAY 23 1949

RECEIVED
MAY 19 1949
579-85
New York State Health Department
Bureau of Health Statistics
New York City

MAY 14 1949

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 _____

Kenneth Patterson

Student Embalmer No. *270*

working under my personal supervision.

Signed *Kenneth Patterson*...
Student Embalmer

Signed *Corley Thompson*

Licensed Embalmer No. *3259*

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 this body is not embalmed, fact should be so stated above.