

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10.48

FILED NOV 23 1949

BIRTH NO. _____		REG. DIST. NO. <u>243</u>		PRIMARY REG. DIST. NO. <u>3047</u>		Registrar's No. <u>97</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY <u>NEWTON</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>NEWTON</u>		admission).		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>NEOSHO</u>		c. LENGTH OF STAY (in this place) <u>3</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>NEOSHO</u>		13		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SALE MEMORIAL Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>432 W. ADAM ST</u>				
3. NAME OF DECEASED			4. DATE OF DEATH					
a. (First) <u>NAOMI</u>	b. (Middle) <u>FLORENCE</u>	c. (Last) <u>HOUSDEN</u>	(Month) <u>Nov.</u>	(Day) <u>15</u>	(Year) <u>1949</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>	8. DATE OF BIRTH <u>APRIL 17, 1870</u>	9. AGE (In years last birthday) <u>79</u>	if UNDER 1 YEAR Months <u>6</u> Days <u>28</u>	if UNDER 24 HRS. Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (State or foreign country) <u>Phelps County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>JACOB JONES</u>		13b. MOTHER'S MAIDEN NAME <u>NANNY REED</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN HOUSDEN</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. PETE SEVERS NEOSHO, MO.</u>						
18. CAUSE OF DEATH	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH		
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>							
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
	DUE TO (b) <u>Hypertension</u>							
	DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.					<u>4:20</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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>4</u> , 19 <u>46</u> , to <u>11-15</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>11-15</u> , 19 <u>49</u> , and that death occurred at <u>7:30 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Dr. Whitfield M. L. L.</u>			23b. ADDRESS <u>Neosho, Mo.</u>			23c. DATE SIGNED <u>11-16-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>11-17-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LICKING</u>		24d. LOCATION (City, town, or county) (State) <u>LICKING MISSOURI</u>				
DATE REC'D BY LOCAL REG. <u>Nov. 16, 1949</u>	REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>	223	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Corley Thompson Neosho Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED

District Health Officer No. Quinton Co. Health Dept.  
District File Number 1149-215  
Date Filed NOV 22 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed R. Kenneth Patterson

Licensed Embalmer No. 4697

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.