

FILED JAN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41853**

BIRTH NO. _____ REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **3047** Registrar's No. **114**

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, write RURAL and give township) Neosho		c. LENGTH OF STAY (in this place) 15 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION SAVE Memorial Hos.		c. CITY (If outside corporate limits, write RURAL and give township) Neosho 73	
		d. STREET ADDRESS (If rural, give location) 109 West Coler St.	
3. NAME OF DECEASED (Type or Print) a. (First) MARY		b. (Middle) Ruth	
		c. (Last) Keighton	
		4. DATE OF DEATH (Month) (Day) (Year) Dec 17 1949	
5. SEX F	6. COLOR OR RACE W	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 7-3-1875
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
		11. BIRTHPLACE (State or foreign country) Iowa	
		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN	
		14. NAME OF HUSBAND OR WIFE Hus. is deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	
		17. INFORMANT'S SIGNATURE OR NAME MARY Ruth McDANIEL	
		ADDRESS Neosho Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease	
		INTERVAL BETWEEN ONSET AND DEATH	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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 12-6-1948 to 12-17, 1949 , that I last saw the deceased alive on 12-17, 1949 , and that death occurred at 10:00 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE Paul C. Davis M.D.		23b. ADDRESS Neosho Mo	
		23c. DATE SIGNED 12-22-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-21-49	
24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery		24d. LOCATION (City, town, or county) (State) Neosho Mo	
DATE REC'D BY LOCAL REG Nov. 23, 1949		REGISTRAR'S SIGNATURE Melvin C. Boneman	
		25. FUNERAL DIRECTOR'S SIGNATURE CLARK-Bigham Mort.	
		ADDRESS Neosho, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

173
32

RECEIVED

District Health Officer No. Newton Co. H.D.

District File Number 1505

Date Filed JAN 3 1950

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 H. Ly - White

Licensed Embalmer No. 4240

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.