

FILED APR 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

13675

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 318

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Mt. Vernon, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Lexington, Missouri</b>	
c. LENGTH OF STAY (in this place) <b>7 days</b>		d. STREET ADDRESS (If rural, give location) <b>109 Southwest Blvd.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. State Sanatorium</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Arthur</b>	b. (Middle) <b>A.</b>	c. (Last) <b>Neuman</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>4 13 50</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>5-25-89</b>
9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR (Month) (Day) (Hour) (Min.)	IF UNDER 1 HRS. (Hour) (Min.)	11. BIRTHPLACE (State or foreign country) <b>Kansas City, Mo.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY	
12. CITIZEN OF WHAT COUNTRY? <b>U.S. A.</b>			

13a. FATHER'S NAME <b>Gustave Neuman</b>	13b. MOTHER'S MAIDEN NAME <b>Sophia Kist</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes, Three days</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ruby Ann Wilson, Record Clerk</b> ADDRESS <b>Mt. Vernon</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>abt 1 year</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Tuberculosis</b>		
	ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>102X</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from April 6, 1950, to April 13, 1950; that I last saw the deceased alive on April 13, 1950, and that death occurred at 6:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Mt. Vernon, Mo.</b>	23c. DATE SIGNED <b>4-13-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>4-14-50</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>Lexington Mo</b>
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DATE REC'D BY LOCAL REG. <b>April 14, 1950</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> ADDRESS <b>Mt. Vernon, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED APR 15 1950  
District Health Office No. 6,  
District File Number 450-447  
Date Filed 4-15-50

**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 Max L. Fossett

Licensed Embalmer No. 4252

P. O. Address W. Vernon, 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.