

FILED NOV 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34245

BIRTH NO.		REG. DIST. NO. 245	PRIMARY REG. DIST. NO. 5836	Registrar's No. 103
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 town) <u>RURAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u> 0730		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Neosho, Route #5</u>		d. STREET ADDRESS (If rural, give location) <u>Neosho, Route #5</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>Halsell</u>		c. (Last) <u>Love</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 19, 1950</u>		5. SEX <u>Male</u>		
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 14, 1873</u>
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James Love</u>		13b. MOTHER'S MAIDEN NAME <u>Lena Rse</u>		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W. A. Love</u> ADDRESS <u>Neosho, Mo.</u>
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>overcome by smoke</u> DUE TO (c) <u>Badly burned</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 9/16 0</u> <u>16</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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Neosho Newton Missouri</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct. 19 1950 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Burning off piece of land</u>
22. I hereby certify that I attended the deceased from <u>death</u> , 19 <u>10-19</u> , 19 <u>50</u> , and that death occurred at <u>1:15 p. m.</u> , from the causes and on the date stated above.				23. DATE SIGNED <u>10-20-50</u>
23a. SIGNATURE <u>Corley Thompson</u> (Degree or title)		23b. ADDRESS <u>Neosho, Mo.</u>		23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-21-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Diamond</u>
24d. LOCATION (City, town, or county) (State) <u>Diamond Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Corley Thompson</u> ADDRESS <u>Neosho, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Oct. 21, 1950</u>		REGISTRAR'S SIGNATURE <u>Melvin L. Bowman</u> 223		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

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

RECEIVED

District Health Officer No. Newman Co. Health Dept.

District File Number 1050-228

Date Filed 10/25/50

FEB 8 1951

NOV 21 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 _____

Carley Thompson Jr.
working under my personal supervision.

Student Embalmer No. 384

Student Carley Thompson Jr.
Student Embalmer

Signed Carley Thompson

Licensed Embalmer No. 3259

P. O. Address Newark, 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.