

FILED NOV 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39650**

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

BIRTH NO. _____		REG. DIST. NO. <u>362</u>		PRIMARY REG. DIST. NO. <u>4531</u>		Registrar's No. <u>71</u>	
1. PLACE OF DEATH a. COUNTY <u>WARREN</u>				2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LINCOLN</u>			
b. CITY OR TOWN <u>WARRENTON</u>		c. LENGTH OF STAY (in this place) <u>17 mo.</u>		c. CITY OR TOWN <u>Rural - Bedford</u>		0570	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>KATIE JANE HOME</u>				d. STREET ADDRESS (If rural, give location) <u>3 MILE SOUTH OF TROY</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>TALITHA</u>			b. (Middle) <u>(KATE)</u>		c. (Last) <u>NEAL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 4, 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>3-19-1869</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>BEN-NEAL - Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or known) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Art. Ricks - Winfield, 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						INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia hypostatica</u>	ANTECEDENT CAUSES (b) <u>tuberculosis</u>		DUE TO (c) <u>Carcinoma of stomach</u>				3 days.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocarditis with congestive heart failure</u>							12 mo.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? <u>151X</u>			
22. I hereby certify that I attended the deceased from <u>Jan 1, 1949</u> , to <u>Nov 4, 1950</u> , that I last saw the deceased alive on <u>Nov 30, 1950</u> , and that death occurred at <u>7:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. W. Holtzsch</u>				23b. ADDRESS <u>Warrenton Mo.</u>		23c. DATE SIGNED <u>11-8-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-5-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ASBURY</u>		24d. LOCATION (City, town, or county) (State) <u>Winfield (RFD) Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Nov 6, 1950</u>	REGISTRAR'S SIGNATURE <u>Floyd Logan</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Garland - Elsberry, Mo.</u>			

File No. _____
DISTRICT HEALTH OFFICE No. 4
NOV 15 1950

RECEIVED

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 _____

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed 

Licensed Embalmer No. 4012
P. O. Address Elabery, 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.