

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34063**

FILED OCT 26 1951

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

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>469</u>	
1. PLACE OF DEATH a. COUNTY <u>JASPER</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 township) OR TOWN <u>JOPLIN</u>		c. LENGTH OF STAY (in this place) <u>4 wks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u>		<u>0732</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3140 West 20th St.</u>				d. STREET ADDRESS (If rural, give location) <u>320 W. Adams</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dee</u>		b. (Middle) <u>OSCAR</u>		c. (Last) <u>Widener</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 11 1951</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>MARCH 14-1865</u>	
9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR <u>6</u> Months		IF UNDER 1 YEAR <u>27</u> Days		IF UNDER 1 YEAR <u>27</u> Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Mickel Widener</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Neven Widener</u>		ADDRESS <u>Neosho</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gangrene of both feet</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>					
		DUE TO (c) _____					
		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) <u>4501</u>			
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>10-7</u> , 19 <u>51</u> , to <u>10-10</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-10</u> , 19 <u>51</u> , and that death occurred at <u>12:50</u> p. m., from the causes and on the date stated above.							
23a. SIGNATURE <u>A. H. Welton</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>614 Francis Bldg</u>		23c. DATE SIGNED <u>10-16-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-13-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>IOOF Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Neosho, Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-16-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>158</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>CLARK-BIGHAM</u> ADDRESS <u>Mort Neosho Mo.</u>			

RECEIVED 10-23-51
Jasper County Health Office
County File Number 31/10/798
Date Filed 10-23-51

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

HAROLD R. GIBSON

working under my personal supervision.

Student Embalmer No. 424

Signed H. R. Gibson
Student Embalmer

Signed K. S. 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.