

FILED DEC 11 1951

STANDARD CERTIFICATE OF DEATH

State File No. 38231

BIRTH NO. _____ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 5833 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Arkansas b. COUNTY Benton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stark City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Miwassee	
c. LENGTH OF STAY (in this place) 4 years		d. STREET ADDRESS (If rural, give location) 8030 9	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Ann	c. (Last) Bates	4. DATE OF DEATH (Month) (Day) (Year) October 5, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 6, 1858	9. AGE (In years last birthday) 93	10. UNDER 1 YEAR Months 3 Days 29	11. UNDER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Pierce City, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charles H. Seely	13b. MOTHER'S MAIDEN NAME Cynthia R. Foster	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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Vesta J. Allen	ADDRESS Stark City, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephritis Chronic		1 week
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis Acute 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 442x	20. AUTOPSY? YES <input 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)	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 July 1, 1951, to October 5, 1951, that I last saw the deceased alive on Oct. 4, 1951, and that death occurred at 8:35 P. m., from the causes and on the date stated above.

23a. SIGNATURE <i>C. Cardwell</i>	(Degree or title) M.D.	23b. ADDRESS Stella, Missouri	23c. DATE SIGNED 11-26-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 7, 1951	24c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cemetery	24d. LOCATION (City, town, or county) (State) Benton, Arkansas
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DATE REC'D BY LOCAL REG. 11-28 1951	REGISTRAR'S SIGNATURE <i>Alpha Dyer</i> 369	25. FUNERAL DIRECTOR'S SIGNATURE Wm. M. Burns, Burns Funeral Home	ADDRESS Bentonville, Arkansas
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(Licensed Embalmer's Statement on Reverse Side)

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

0730
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RECEIVED

District Health Officer No. _____

NEWTON COUNTY HEALTH UNIT

District File Number 1251-379

Date Filed DEC 4 1951

NEOSHO, MISSOURI

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 Embalmer No.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No.

P. O. Address _____

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.