

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

MAY 6 1952

BIRTH NO. _____ REG. DIST. NO. **248** PRIMARY REG. DIST. NO. **5844** Registrar's No. **6**

730
3

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

1. PLACE OF DEATH a. COUNTY NEWTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY NEWTON	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL Seneca		c. CITY (If outside corporate limits, write RURAL and give township) RURAL - Neosho, Mo.	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) NEOSHO R.F.D. # 4 0731	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 1/2 mi. Seneca mo			

3. NAME OF DECEASED a. (First) JAMES b. (Middle) ODELL c. (Last) TESTERMAN			4. DATE OF DEATH (Month) (Day) (Year) April 23, 1952			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	8. DATE OF BIRTH APRIL 27, 1920	9. AGE (In years last birthday) 31	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) NEWTON Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME CHARLEY C. TESTERMAN		13b. MOTHER'S MAIDEN NAME RUTH WYATT		14. NAME OF HUSBAND OR WIFE MARY TESTERMAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. WORLD # 2		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARY TESTERMAN Neosho Mo. #4	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) FRACTURED SKULL AND CRUSHED		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CHEST			
		DUE TO (c) F2230			
		II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. 32			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 073	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway #60	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NEWTON COUNTY MISSOURI
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4-23-52 4:45 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? ONE CAR ACCIDENT. CAR WENT out of CONTROL & LEFT HIGHWAY

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **4:45 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Corley Thompson Sr. Coroner	23b. ADDRESS Neosho, Missouri	23c. DATE SIGNED 4/24/52
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24a. BURIAL CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4/25/1952	24c. NAME OF CEMETERY OR CREMATORY OAKWOOD	24d. LOCATION (City, town, or county) (State) NEWTON COUNTY MISSOURI
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DATE REC'D BY LOCAL REG. 4-24-52	REGISTRAR'S SIGNATURE Phyllis Britz	25. FUNERAL DIRECTOR'S SIGNATURE Corley Thompson Sr.	ADDRESS Neosho Mo.
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DECS

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH UNIT

District File Number 452-~~57~~67

Date Filed 4-28-52

NEWTON, MISSOURI

MAR 15 1961

APR 1 1952

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 Boyle I. Simpson Jr.
Licensed Embalmer No. 4861

P. O. Address Newton 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.