

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **28873**

FILED AUG 20 1952

BIRTH NO. _____ REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **5837** Registrar's No. **81**

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) OR TOWN Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural 0730	
d. FULL NAME OF HOSPITAL OR INSTITUTION West Benton Twp.		d. STREET ADDRESS (If rural, give location) S. Neosho Mo. R.F.D. # 4. 0	

3. NAME OF DECEASED (Type or Print) a. (First) Hanna b. (Middle) Elizabeth c. (Last) Testerman			4. DATE OF DEATH (Month) (Day) (Year) July 28, 1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH May 26, 1861		9. AGE (In years last birthday) 91		10. F UNDER 1 YEAR Months Days	
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) Lima Ohio	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME George Deal		13b. MOTHER'S MAIDEN NAME Susan Parker		14. NAME OF HUSBAND OR WIFE William W. Testerman	
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 ADDRESS G. C. Testerman, Neosho R.F.D. #4	

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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy 1 Day		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 334-X		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?	

22. I hereby certify that I attended the deceased from **7-28, 1952** to **7-28, 1952**, that I last saw the deceased alive on **7-25, 1952** and that death occurred at **5:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE M. H. Reynolds M.D. Neosho Mo (Degree or title)		23b. ADDRESS Neosho Mo		23c. DATE SIGNED 8-7-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-30-1952		24c. NAME OF CEMETERY OR CREMATORY Oakwood Cemetery	
24d. LOCATION (City, town, or county) (State) Newton County Missouri					
DATE REC'D BY LOCAL REG. 8-1-52		REGISTRAR'S SIGNATURE Melvin C. Bowman M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Carley Thompson Co. Neosho Mo	

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

Registered 30 /

RECEIVED

District Public Officer **NEWTON COUNTY HEALTH UNIT**

District No. 852-140

Date ~~7/1/52~~ AUG 18 1952

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Carley Thompson Jr

Licensed Embalmer No. 4868

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.