

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32379**

FILED OCT 14 1952

3047

REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **5836** Registrar's No. **103**

BIRTH NO. _____		REG. DIST. NO. <b>245</b>		PRIMARY REG. DIST. NO. <b>5836</b>		Registrar's No. <b>103</b>			
1. PLACE OF DEATH a. COUNTY <b>Newton</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Neosho</b>		c. LENGTH OF STAY (in this place) <b>All life</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Neosho</b> <b>1730</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home 502 E. McKinney</b>				d. STREET ADDRESS (If rural, give location) <b>R.R. #2</b>					
3. NAME OF DECEASED (Type or Print) <b>ELMA Belle Miles</b>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH <b>OCT 2 1952</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>OCT 22, 1860</b>		9. AGE (In years last birthday) <b>91</b>		10. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Mc DONALD COUNTY</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Housekeeping</b>			13a. FATHER'S NAME <b>John W. Love</b>		13b. MOTHER'S MAIDEN NAME <b>Clementine Love</b>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE <b>Deceased</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MARY FRANKS</b>		ADDRESS <b>Neosho, MO</b>			
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) <b>Shock following fractured arm and hip.</b> ANTECEDENT CAUSES DUE TO (b) <b>Senility Cardiovascular disease</b> DUE TO (c) <b>Senility</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>173</b>				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)					
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 <b>1917</b> , <b>1918</b> , to <b>Oct-1-</b> , <b>1952</b> , that I last saw the deceased alive on <b>Oct 1</b> , <b>1952</b> , and that death occurred at <b>3:00 A.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>E. E. Maness MD</b>				23b. ADDRESS <b>106 E. Hickory Neosho</b>		23c. DATE SIGNED <b>Oct 2, 52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>Oct 4 - 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>I. O. O. F. Cem</b>		24d. LOCATION (City, town, or county) (State) <b>Neosho, MO</b>			
DATE REC'D BY LOCAL REG. <b>10-2-52</b>		REGISTRAR'S SIGNATURE <b>Melvin C. Bowman MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>CLARK-BIGHAM</b>		ADDRESS <b>Neosho, MO</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer ~~W. J. [unclear]~~

District File Number ~~1052-4-9197~~

Date Filed ~~OCT 10 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 W. E. Huddleston

Licensed Embalmer No. 4770

P. O. Address Joplin, 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.