

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35786

State File No.

No. 300
10. 48

FILED NOV 14 1952

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 112

7320

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

1. PLACE OF DEATH a. COUNTY <u>Newton</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural- Buffalo Twp.</u>		0600
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sale Memorial Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>Goodman, Route 1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARICE</u> b. (Middle) <u>LELA</u> c. (Last) <u>NICOLETTI</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 4, 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 31, 1905</u>	9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Missoula, Montana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Lem Campbell</u>		13b. MOTHER'S MAIDEN NAME <u>Grace Stuckey</u>		14. NAME OF HUSBAND OR WIFE <u>Felix Nicoletti</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Felix Necoletti, Goodman, Rt. 1, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>18 hours</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				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 <u>?</u> , 19 <u>48</u> , to <u>4 Nov</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>4 Nov</u> , 19 <u>52</u> , and that death occurred at <u>330P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>R Taylor M.A.</u>		23b. ADDRESS <u>Neosho Mo</u>		23c. DATE SIGNED <u>6 Nov 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Nov. 6, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Banner Nazarine Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>McDonald County, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>11-7-52</u>	REGISTRAR'S SIGNATURE <u>Melvin C. Bowman M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John B. Robinson Goodman, Missouri</u>		

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 1152-260

Date Filed NOV 13 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 _____

working under my personal supervision.

Student Embalmer No.

Signed John B. Papineau

Signed
Student Embalmer

Licensed Embalmer No. 4446

P. O. Address Goodman, 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.