

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2325**

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

ED FEB 9 1953

BIRTH NO.		REG. DIST. NO. <b>245</b>	PRIMARY REG. DIST. NO. <b>3047</b>	Registrar's No. <b>15</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)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>NEOSHO</b> <b>1732</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>317 WHEELER ST.</b>		d. STREET ADDRESS (If rural, give location) <b>317 WHEELER ST.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>VENA</b>		b. (Middle) <b>LITTON</b>		c. (Last)
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HORSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>		8. DATE OF BIRTH <b>MAR 20, 1877</b>
13a. FATHER'S NAME <b>JOSIAH LAKIN</b>		13b. MOTHER'S MAIDEN NAME <b>PHOEBE CLAMPER</b>		9. AGE (In years last birthday) <b>75</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>PRINCETON ILLINOIS</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 12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		14. NAME OF HUSBAND OR WIFE
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		17. INFORMANT'S SIGNATURE OR NAME <b>MRS. RUBY LAIRD</b> ADDRESS <b>NEOSHO MO.</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21f. HOW DID INJURY OCCUR		22. I hereby certify that I attended the deceased from <b>1946</b> , to <b>Jan 28</b> , <b>1953</b> , that I last saw the deceased alive on <b>Jan 28</b> , <b>1953</b> , and that death occurred at <b>5:30 P. m.</b> , from the causes and on the date stated above.		
23a. SIGNATURE <b>L. Whitford MD</b> (Degree or title)		23b. ADDRESS <b>Neosho MO</b>		23c. DATE SIGNED <b>2-2-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>1-30-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>NEOSHO I.O.O.F.</b>
24d. LOCATION (City, town, or county) (State) <b>NEOSHO MISSOURI</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Melvin C. Brewman</b> ADDRESS <b>Neosho Mo.</b>		
DATE REC'D BY LOCAL REG. <b>2-3-53</b>		REGISTRAR'S SIGNATURE <b>223-0</b>		

RECEIVED

NEWTON COUNTY HEALTH UNIT

District No. \_\_\_\_\_

District \_\_\_\_\_

Date Filed \_\_\_\_\_

~~953-42~~ 31

2/7/53

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. 474

working under my personal supervision.

Student

Ray J. Adams  
Student Embalmer

Signed

Carley Thompson Jr.  
Licensed Embalmer No. 4861

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.