

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6965**

FILED MAR 5 - 1953

Roberts
Demacia
0730

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

BIRTH NO. _____		REG. DIST. NO. 245		PRIMARY REG. DIST. NO. 5837		Registrar's No. 23		
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. LENGTH OF STAY (In this place)		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) NEOSHO RFD #4				
3. NAME OF DECEASED (Type or Print) a. (First) JENNIE b. (Middle) MARtha c. (Last) LYONS			4. DATE OF DEATH (Month) (Day) (Year) FEB. 2, 1953					
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JAN. 23, 1873		
9. AGE (In years last birthday) 80		10. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (City and State or Foreign Country) OSCEOLA IOWA		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		13a. FATHER'S NAME WILLIAM WILLIAMS		13b. MOTHER'S MAIDEN NAME LOWE		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME NONE ADDRESS				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Valvular lesion of heart DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS 4214 Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 10 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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) (Min.)		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 Jan 31, 1953 to Feb 2, 1953 that I last saw the deceased alive on Feb 1, 1953 and that death occurred at 4 P m., from the causes and on the date stated above.								
23a. SIGNATURE John B. Roberts D.O.				23b. ADDRESS Demacia Mo.		23c. DATE SIGNED 2/14/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB. 5, 1953		24c. NAME OF CEMETERY OR CREMATORY HAZEL GREEN		24d. LOCATION (City, town, or county) (State) Newton Co. Missouri		
DATE REC'D BY LOCAL REG. 2-19-53		REGISTRAR'S SIGNATURE Melvin C. Bowman		25. FUNERAL DIRECTOR'S SIGNATURE Carly Thompson		ADDRESS Neosho Mo.		

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 253-47

Date Filed 2/23/53

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 P. Adams
Student Embalmer

Signed Leslie 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.