

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22296

State File No.

FILED JUL 8 - 1953
BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 57

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>Newton</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>80 yrs</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u>		d. STREET ADDRESS (If rural, give location) <u>339 W. Coler</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>339 W. Coler St.</u>		e. STREET ADDRESS (If rural, give location) <u>339 W. Coler</u>	

3. NAME OF DECEASED a. (First) <u>Clara</u> b. (Middle) _____ c. (Last) <u>Giles</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 25, 1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>March 7, 1866</u>		9. AGE (In years last birthday) <u>88</u>		10. IF UNDER 1 YEAR: Months <u>3</u> Days <u>18</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13. HOUSEWIFE	

13a. FATHER'S NAME <u>Edwon Chenoweth</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Caple</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. L. A. Kelly</u> ADDRESS <u>Neosho, 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</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) <u>Symptomatic Arteriosclerosis</u>			
		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 _____		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) <u>331X</u>	
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 June 18, 1953, to June 25, 1953, that I last saw the deceased alive on June 24, 1953, and that death occurred at 11:52 m., from the causes and on the date stated above.

23a. SIGNATURE <u>R.D. Lawson M.D.</u> (Degree or title)		23b. ADDRESS <u>Neosho Mo</u>		23c. DATE SIGNED <u>6/29/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6, 27, 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Belefast Cemetery</u>	
24d. LOCATION (City, town, or county) _____ (State) <u>West Of Neosho</u>		DATE REC'D BY LOCAL REG. <u>6-29-53</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bowman M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W.D. Clark-Bigham</u>		ADDRESS <u>Mortuary Neosho</u>			

RECEIVED

District Health Officer Newton County Health Unit

District File Number 953-128

Date Filed 7-7-53

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. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Jessie O. Sullivan, Jr.

Licensed Embalmer No. 4646

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.