

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22296

FILED JUN 30 1953

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>244</u>		PRIMARY REG. DIST. NO. <u>8784</u>		Registrar's No. <u>10</u>	
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>JASPER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>TOWN RURAL - MARION</u>		c. LENGTH OF STAY (In this place) <u>WEEKS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>OR TOWN JOPLIN</u>		d. STREET ADDRESS (If rural, give location) <u>202 HIGHLAND</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RT 2, JOPLIN</u>				d. STREET ADDRESS (If rural, give location) <u>202 HIGHLAND</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MAMIE</u>	b. (Middle) <u>GERTRUDE</u>	c. (Last) <u>NEILL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 11, 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 4, 1889</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 100 HRS. Hours _____ Mins. _____
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>PIKE COUNTY, INDIANA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>MARION DEFFENDAHL</u>			13b. MOTHER'S MAIDEN NAME <u>MARGARET STREET</u>		14. NAME OF HUSBAND OR WIFE <u>---</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>---</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS MERL ESSLEY, RT 2, JOPLIN, 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.		19. MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aplastic Leukemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>urethral stricture</u> DUE TO (c) <u>thrombosed Hemorrhoids</u> 20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>8-10 months</u> <u>AL</u> <u>11</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>2044</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>11-10-52</u> , 19 <u>52</u> , to <u>6-11-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>6-11-53</u> , 19 <u>53</u> , and that death occurred at <u>7:45 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Walter Howard M.D.</u>				23b. ADDRESS <u>Trust Bldg. Joplin Mo</u>		23c. DATE SIGNED <u>6-18-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-13-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FOREST PARK</u>		24d. LOCATION (City, town, or county) (State) <u>JOPLIN, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>June 26-53</u>		REGISTRAR'S SIGNATURE <u>Mrs. Allie Parnell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STEVE PARKER MORTUARY, JOPLIN, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File No. 653-123

Date Filed 6-29-53

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 _____

working under my personal supervision.

Student Embalmer No. 464

Signed Jack O. Parker
Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

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.