

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43729

State File No.

FILED JAN 11 1954

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 125

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 town) <u>Neosho</u>	c. LENGTH OF STAY (in this place) <u>All Life</u>	c. CITY OR TOWN <u>Neosho</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 920 N. High</u>		e. STREET ADDRESS (If rural, give location) <u>920 N. High Neosho, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Billie Bert</u> b. (Middle) <u>McFall</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>December 30, 53</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 27, 1930</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Student in College</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Student</u>	9. AGE (In years last birthday) <u>23</u> If UNDER 1 YEAR Months <u>2</u> Days <u>3</u> If UNDER 4 HRS. Hours <u>3</u> Min. _____
11. BIRTHPLACE (City and State or Foreign Country) <u>Neosho, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Wilbur McFall</u>	13b. MOTHER'S MAIDEN NAME <u>Ruth Landreth</u>	14. NAME OF HUSBAND OR WIFE <u>Mary</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give year or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Wilburn McFall</u> ADDRESS <u>920 N. High St.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Family refused permission for</u> DUE TO (c) <u>Autopsy</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>7955</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 _____, 19____, to 12-30, 1953 that I last saw the deceased alive on _____, 19____, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lochy Thompson, Embalmer</u>	23b. ADDRESS <u>307 E. Main St. Neosho, Mo.</u>	23c. DATE SIGNED <u>12-30-53</u>
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 9, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>D.O.O.F. Cemetery</u>
DATE REC'D BY LOCAL REG. <u>12-31-53</u>	REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>	24d. LOCATION (City, town, or county) (State) <u>Neosho, Mo.</u>
25. FUNERAL DIRECTOR'S SIGNATURE <u>CLARK-BIGHAM MORTUARY</u> ADDRESS <u>NEOSHO, MO.</u>		

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

01332

MAR 22 1954

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 154-7

Date Filed 1/8/54

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 _____
Signature of Student Embalmer

Signed Jesse 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**