

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **73**

FILED FEB 2 1954 REG. DIST. NO. **13** PRIMARY REG. DIST. NO. **3003** Registrar's No. **18**

0051

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

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|   |  |  |   |
|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Barry</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Monett,</b>   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Monett</b>   |   |
| c. LENGTH OF STAY (In this place) <b>5 yrs.</b>   |  | d. STREET ADDRESS (If rural, give location) <b>615 Fifth Street</b>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>615 Fifth Street</b>   |  | d. STREET ADDRESS (If rural, give location) <b>615 Fifth Street</b>  |   |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <b>Milton</b> b. (Middle) <b>Jasper</b> c. (Last) <b>Needham</b>  |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 24, 1954</b>                        |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>  | 8. DATE OF BIRTH <b>Mar. 31, 1857</b>   |
| 9. AGE (In years last birthday) <b>96</b>   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Teacher</b>  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Washington County, Ohio</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Teacher</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>Teaching</b>  | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>  |
| 13a. FATHER'S NAME <b>Jasper Needham</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>Esther Sage</b>   | 14. NAME OF HUSBAND OR WIFE <b>Flora Needham</b>                                  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>  |  | 16. SOCIAL SECURITY NO. <b>None</b>  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Flora Needham, Monett, Mo.</b>  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia</b><br>INTERVAL BETWEEN ONSET AND DEATH <b>2 wks</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>1) Arteriosclerosis Generalized ? ? ?<br/>2) Comminuted Fracture Left Humerus 3 mo</b> |   |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION <b>491XF</b>  |   |
| 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 <b>1-15</b> , 19 <b>54</b> to <b>1-24</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>1-24</b> , 19 <b>54</b> , and that death occurred at <b>7:30</b> P.M., from the causes and on the date stated above. |  |  |   |
| 23a. SIGNATURE (Degree or title) <b>F. E. Edwards M.D.</b>  |  | 23b. ADDRESS <b>Monett Mo.</b>   |   |
| 23c. DATE SIGNED <b>1-26-54</b>   |  |  |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   | 24b. DATE <b>1-27-54</b>   | 24c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. Cemetery</b>  | 24d. LOCATION (City, town, or county) (State) <b>Monett Mo.</b>                   |
| 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Katherine Henderson 487-0 Mercer Funeral Home, Monett, Mo.</b>  |  |  |   |
| DATE REC'D BY LOCAL REG. <b>1-26-54</b>   |  |  |   |

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 Roy H. Mercer

Licensed Embalmer No. 4432

P. O. Address Manett, 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.