No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9505

BIRTH NO. FILED MAR 22 1954 REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5836 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural. Neosho Twp.
c. LENGTH OF STAY (in this place): 2 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Smith Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Newton C73
c. CITY OR TOWN: RURAL
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Neosho Mo. R.F.D. #4

3. NAME OF DECEASED (Type or Print)
a. (First): ELMER
b. (Middle): C.
c. (Last): EXLETON

4. DATE OF DEATH (Month) (Day) (Year): MAR. 11. 1954

5. SEX: MALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED 3
8. DATE OF BIRTH: DEC. 1. 1879
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: FARMER
11. BIRTHPLACE (City and State or Foreign Country): UNKNOWN 9
12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME: UNKNOWN
13b. MOTHER'S MAIDEN NAME: AMELIA UNKNOWN
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: 499-09-5368
17. INFORMANT'S SIGNATURE OR NAME: RALph. DUNCAN — ADDRESS: Neosho Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senile Dementia — INTERVAL BETWEEN ONSET AND DEATH: 2yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral arteriosclerosis
DUE TO (c):

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
334X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 14, 1952, *to* 3-11, 1954, *that I last saw the deceased alive on* 3-10, 1954, *and that death occurred at* 5:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Melvin McCullough (Degree or title): DO.
23b. ADDRESS: Law Bk. Bldg. Neosho Mo.
23c. DATE SIGNED: 3/11/54

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 3-12-1954
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): PURCELL OKLAHOMA

DATE REC'D BY LOCAL REG.: 3-12-54
REGISTRAR'S SIGNATURE: Melvin C. Bowman 245
25. FUNERAL DIRECTOR'S SIGNATURE: Dorley Thompson Sr. — **ADDRESS**: Neosho Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH UNIT

District File Number 354-46

Date Filed MAR 19 1954

NEOSHO, MISSOURI

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Barley Thompson Jr.

Licensed Embalmer No. 486

P. O. Address Neosho, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.—(F
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.