

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19764**
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **2047** Registrar's No. **67**

1. PLACE OF DEATH a. COUNTY <b>newton</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>One Bonded</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>neosho</b>		c. LENGTH OF STAY (in this place) <b>1 Day</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural, Anderson, Miss.</b>		d. STREET ADDRESS (If rural, give location) <b>7 Mrs. quiet of Anderson!</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sales Memorial Hospital</b>					
3. NAME OF DECEASED a. (First) <b>EMANUEL</b> b. (Middle) <b>NEWMAN</b> c. (Last) <b>KIMMEL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7 19 1954</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>3-18-1887</b>		9. AGE (In years last birthday) <b>67</b> IF UNDER 1 YEAR: Months <b>3</b> Days <b>14</b> Hours <b>1</b> Min. <b>1</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Bone City, Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>Geo Kimmel</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah major</b>		14. NAME OF HUSBAND OR WIFE <b>Anna Kimmel</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes world war 1</b>		16. SOCIAL SECURITY NO. <b>500-12-3155</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Edm. Kimmel Anderson Mo.</b>		
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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <b>4201</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)		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>July 2, 1954</b> , to <b>July 2, 1954</b> , that I last saw the deceased alive on <b>July 2, 1954</b> and that death occurred at <b>9:05 a.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>J. Carter, M.D.</b>			23b. ADDRESS <b>Neosho Mo</b>		23c. DATE SIGNED <b>July 7</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-7-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Anderson Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Anderson, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>7/8/54</b>	REGISTRAR'S SIGNATURE <b>Melvin G. Bowman</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wm. H. Cleatham, Anderson, Mo.</b>		

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

300  
46

**RECEIVED**

NEWTON COUNTY HEALTH UNIT

District Health Officer No. \_\_\_\_\_

District File Number 754-127

Date Filed JUL 9 1954

NEOSHO, MISSOURI

NOV 30 1954

JUL 12

**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 me

Student Embalmer No. ✓

working under my personal supervision.

Student ✓  
Student Embalmer

Signed P. E. Chatham

Licensed Embalmer No. 3813

P. O. Address Anderbar, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.