No. 300
10.48

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

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19779

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4361 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Granby
c. LENGTH OF STAY (In this place): 1 hr. 45 m
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Granby Community Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Newton
c. CITY OR TOWN: Neosho
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Route #5

0730

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Lee
c. (Last): Pilkenton

4. DATE OF DEATH (Month) (Day) (Year): June 28, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: June 28, 1954
9. AGE (In years last birthday): IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours 1 / Min. 45
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Granby, Mo.
12. CITIZEN OF WHAT COUNTRY?: O

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Lauretta Pilkenton
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):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Alberta Benton
ADDRESS: Neosho R #5

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): Premature Birth — 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. Weight 4 lbs

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
776 X
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* 6-28, 1954, *to* 6-28, 1954, *that I last saw the deceased alive on* 6-28, 1954, *and that death occurred at* 5:20 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Melvin McCullough (Degree or title) D.O.
23b. ADDRESS: Sav. Bk Bldg. Neosho, Mo
23c. DATE SIGNED: 6/29/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-30-54
24c. NAME OF CEMETERY OR CREMATORY: Ozkwood
24d. LOCATION (City, town, or county) (State): Neosho, Mo.

DATE REC'D BY LOCAL REG.: June 29, 1954
REGISTRAR'S SIGNATURE: M. F. Young 225
25. FUNERAL DIRECTOR'S SIGNATURE: Corley Thompson
ADDRESS: Neosho Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 754-124

Date Filed JUL 9 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 emba

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Carly Thompson

Licensed Embalmer No. 486

P. O. Address Neosho,

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