

FILED JAN 28 1955

STANDARD CERTIFICATE OF DEATH

1862

State File No.

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 5

732

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

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 township) TOWN <u>NEOSHO</u>		c. CITY OR TOWN <u>NEOSHO PARAL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SALE MEMORIAL HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>P.F.D. # 3 NEOSHO</u> <u>0730</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LILLA</u> b. (Middle) <u>MYRLE</u> c. (Last) <u>BIGGS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 6. 1955</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>OCT. 8. 1888</u>		9. AGE (In years last birthday) <u>65</u>		10. IF UNDER 1 YEAR Months Days	
11. BIRTHPLACE (City and State or Foreign Country) <u>SPRINGFIELD MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>NATHAN WHITE</u>		13b. MOTHER'S MAIDEN NAME <u>AMANDA DILLARD</u>		14. NAME OF HUSBAND OR WIFE <u>ALBERT BIGGS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NONE</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ALBERT BIGGS</u> ADDRESS <u>NEOSHO MO P#3</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, asthma, 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>Cerebral hemorrhage</u>		DUPLICATE				<u>Sudden</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Generalized atherosclerosis</u>				<u>unknown</u>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Uremia</u>				<u>12 hours</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic indurated nephritis</u>				<u>unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				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 1-6, 1955, to 1-6, 1955, that I last saw the deceased alive on 1-6, 1955, and that death occurred at 11-P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Melvin C. Bowman M.D.</u>		23b. ADDRESS <u>Neosho, Mo.</u>		23c. DATE SIGNED <u>Jan 19: 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-9-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MANESS</u>	
24d. LOCATION (City, town, or county) (State) <u>NEWTON COUNTY MISSOURI</u>					

DATE REC'D BY LOCAL REG. <u>1-12-55</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u> <u>2230</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Barley Thompson, Jr.</u> ADDRESS <u>Neosho Mo.</u>	
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RECEIVED

District No.

District No.

Date Filed

Case No.

NEWTON COUNTY HEALTH UNIT

155-17

JAN 26 1958

NEOSHO, MISSOURI

AUG 13 1962

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..... *Ray P Adams*

Licensed Embalmer No. 4928

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.