

FILED APR 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10796**

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Vernon</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 OR TOWN <u>Washington Twp</u>)	c. LENGTH OF STAY (in this place) <u>1-11-29</u>	c. CITY OR TOWN <u>Neosho</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 3</u>		e. STREET ADDRESS (If rural, give location) <u>114 N. Wood</u> <u>D 75 1</u>	
3. NAME OF DECEASED a. (First) <u>Leona</u> (Middle) <u>Viola</u> (Last) <u>Kletz</u>		4. DATE OF DEATH (Month) <u>4</u> - (Day) <u>8</u> - (Year) <u>55</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widow</u>	8. DATE OF BIRTH <u>1-17-1873</u>
9. AGE (in years last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>18</u>	IF UNDER 12 HRS. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Bentonville Arkansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Charles Creager</u>	
13b. MOTHER'S MAIDEN NAME <u>Hattie Louise Cowan</u>		14. NAME OF HUSBAND OR WIFE <u>unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Walter Kroop</u>		ADDRESS <u>Neosho Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u> 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 _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>002X</u>	
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 <u>4-6-1953</u> to <u>4-5-1955</u> , that I last saw the deceased alive on <u>4-5-1955</u> , and that death occurred at <u>1:50 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. M. Bunch M.D.</u> (Degree or title)		23b. ADDRESS <u>State Hospital # 3</u>	
23c. DATE SIGNED <u>4-5-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>4-7-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. CEMETERY</u>	
24d. LOCATION (City, town, or county) <u>Neosho, Missouri</u> (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul Thompson Jr.</u> ADDRESS <u>Neosho, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-7-55</u>		REGISTRAR'S SIGNATURE <u>Anna E. Foville</u>	

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

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 *Ray P. Cidam*
.....

Licensed Embalmer No. *490*

P. O. Address *Neosho, Mo.*

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.