

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **16100**

|   |  |   |   |  |  |  |  |   |  |
|---|--|---|---|--|--|--|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <b>245</b>   |   | PRIMARY REG. DIST. NO. <b>3047</b>   |  | Registrar's No. <b>47</b>  |  |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>NEWTON</b>  |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>NEWTON</b>   |  |  |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>NEOSHO</b>  |  | c. LENGTH OF STAY (In this place)   |   | c. CITY OR TOWN <b>NEOSHO</b>  |  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>TODD NURSING HOME</b>  |  |   |   | e. STREET ADDRESS (If rural, give location) <b>01320</b>   |  |  |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>NANCY</b><br>b. (Middle) <b>LOUISA</b><br>c. (Last) <b>CHOATE</b>  |  |   | 4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 6 1955</b> |  |  |  |  |   |  |
| 5. SEX <b>FEMALE</b>  |  | 6. COLOR OR RACE <b>WHITE</b>   |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>   |  | 8. DATE OF BIRTH <b>OCT. 17 1866</b>   |  |   |  |
| 9. AGE (In years last birthday) <b>88</b>   |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>OWN HOME</b>             |   | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 9. AGE (In years last birthday) <b>88</b>  |  |   |  |
| 11. BIRTHPLACE (City and State or Foreign Country) <b>GILES COUNTY TENNESSEE</b>  |  | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>  |   | 13a. FATHER'S NAME <b>A.C. CHOATE</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>AMELIA KELLER</b>   |  |   |  |
| 14. NAME OF HUSBAND OR WIFE   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO NONE</b> |   | 16. SOCIAL SECURITY NO. <b>NONE</b>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>DAVE HEARRELL Neosho Missouri</b>   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hemorrhagic Infarction of the lungs</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>of the lungs</b><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>5 DAYS</b> |  |
| 19a. DATE OF OPERATION <b>none</b>  |  | 19b. MAJOR FINDINGS OF OPERATION <b>none</b>  |   |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                       |  |   |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                                |   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |  | 21d. HOW DID INJURY OCCUR?   |  |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.  |  | 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>5-1-55</b> , 19 <b>55</b> , to <b>5-6-55</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>5-5-55</b> , 19 <b>55</b> , and that death occurred at <b>4:30 P. m.</b> , from the causes and on the date stated above. |  |   |   |  |  |  |  |   |  |
| 23a. SIGNATURE (Degree or title) <b>Melvin C. Bowman</b>  |  |   |   | 23b. ADDRESS <b>Law. ex. bldg. Neosho Mo</b>   |  | 23c. DATE SIGNED <b>5-13-55</b>  |  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>   |  | 24b. DATE <b>5-9-1955</b>   |   | 24c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F.</b>   |  | 24d. LOCATION (City, town, or county) (State) <b>Neosho Missouri</b>   |  |   |  |
| DATE REC'D BY LOCAL REG. <b>5-14-55</b>   |  | REGISTRAR'S SIGNATURE <b>Melvin C. Bowman</b>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Orley Thompson</b>   |  | ADDRESS <b>Neosho Mo.</b>  |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 20 1955

**RECEIVED**

DISTRICT HEALTH OFFICER NO. 33-39  
HEALTH UNIT

District Health Officer No. \_\_\_\_\_  
District \_\_\_\_\_  
Date Filed \_\_\_\_\_

Number  
JAN 25 1955

NEOSHO, MISSOURI

**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. 492

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.