

FILED APR 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9934**BIRTH NO. _____ REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **3047** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY NEWTON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY NEWTON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEOSHO		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEOSHO RURAL		d. STREET ADDRESS (If rural, give location) RFD#3
d. FULL NAME OF HOSPITAL OR INSTITUTION SALE MEMORIAL Hosp.					
3. NAME OF DECEASED (Type or Print) a. (First) VIOLA b. (Middle) MURLE c. (Last) EYCHESON			4. DATE OF DEATH (Month) (Day) (Year) APRIL 2, 1956		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED/NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 18, 1902	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) KIRKSVILLE MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME WILLIAM STIVERS		13b. MOTHER'S MAIDEN NAME GEORGIA UNKNOWN	14. NAME OF HUSBAND OR WIFE CHARLES EYCHESON		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. (If yes, give year or date of service) NONE	17. INFORMANT'S SIGNATURE OR NAME BILL EYCHESON	ADDRESS NEOSHO Mo. R#3		
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) Cerebral Embolus		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) Communitated Fracture Femur DUE TO (c) Blatant			II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.		9100
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Neosho Newton Mo.			
21d. TIME OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Tree Fell on Patient.			
22. I hereby certify that I attended the deceased from 3-22, 1956 , to 4-2, 1956 that I last saw the deceased alive on April 2, 1956 , and that death occurred at 12:35 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) M. Bowman			23b. ADDRESS Neosho Mo.		23c. DATE SIGNED Apr 3
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4-5-1956	24c. NAME OF CEMETERY OR CREMATORY GIBSON	24d. LOCATION (City, town, or county) (State) NEOSHO MISSOURI		
DATE REC'D BY LOCAL REG. 4-5-56	REGISTRAR'S SIGNATURE Melvin C. Bowman		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Orley Thompson Sr. Neosho Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. Newton

District File Number 45-6-45

Date Filed 1956 12 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4861

P. O. Address Neosho, 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.