

FILED DEC 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42264**

BIRTH NO. _____ REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **5836** Registrar's No. **125**

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL		c. CITY (If outside corporate limits, write RURAL and give township) RURAL	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) NEOSHO RFD#2	
d. FULL NAME OF HOSPITAL OR INSTITUTION NEOSHO TWP.			

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) H. c. (Last) Homuth	4. DATE OF DEATH (Month) (Day) (Year) DEC. 14. 1956
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5. SEX male	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid. WED	8. DATE OF BIRTH DEC. 24. 1885	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) PIERCE CITY MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME FRED Homuth	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE AND NAME HENRY Homuth. NEOSHO Mo. P#2	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterial Sclerosis		2 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertrophy of Prostate		2 yrs
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? 610X YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Oct. 15, 1956** to **Dec 14, 1956** that I last saw the deceased alive on **Dec 13, 1956** and that death occurred at **12:45 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. C. Davis M.D.	(Degree or title)	23b. ADDRESS Neosho Mo	23c. DATE SIGNED 12/15/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-16-1956	24c. NAME OF CEMETERY OR CREMATORY PIERCE CITY	24d. LOCATION (City, town, or county) (State) PIERCE CITY MISSOURI
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DATE REC'D BY LOCAL REG. 12-15-56	REGISTRAR'S SIGNATURE Melvin C. Bowman	25. FUNERAL DIRECTOR'S SIGNATURE Orley Thompson	ADDRESS Neosho Mo
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(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 1256-218
Date Filed DEC 26 1956

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 Lymon R. Cunningham

Licensed Embalmer No. 4969

P. O. Address Wesley, 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 this body is not embalmed, fact should be so stated above.