

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **32785**

FILED SEP 17 1957

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|---|--|--|--|--|--|---|--|
| BIRTH NO. | | REG. DIST. NO. <u>245</u> | | PRIMARY REG. DIST. NO. <u>5836</u> | | Registrar's No. <u>112</u> | |
| 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) OR TOWN <u>Rural</u> | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> | | d. STREET ADDRESS (If rural, give location) <u>Neosho, Mo., R. F. D. No. 4</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Neosho Twp.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>Neosho, Mo., R. F. D. No. 4</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> | | b. (Middle) <u>William</u> | | c. (Last) <u>Testerman</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 29, 1957</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Oct. 16, 1888</u> | |
| 9. AGE (In years last birthday) <u>68</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Newton County, Missouri</u> | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Newton County, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Wiley W. Testerman</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Deal</u> | |
| 13a. FATHER'S NAME <u>Wiley W. Testerman</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Deal</u> | | 14. NAME OF HUSBAND OR WIFE <u>Eva Testerman</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u> | | 16. SOCIAL SECURITY NO. <u>486-24-4666</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George Testerman, Neosho, Missouri</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 DUE TO (b) <u>Died in ambulance enroute to hospital following a severe hemorrhage.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>002X</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Don't know</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? <u>2</u> 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 <u>last night</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:15 P.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Melvin C. Bowman M.D.</u> | | | | 23b. ADDRESS <u>Neosho, Mo.</u> | | 23c. DATE SIGNED <u>Aug. 31, 57</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>9-2-57</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood</u> | | 24d. LOCATION (City, town, or county) (State) <u>Newton County, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>9-10-57</u> | | REGISTRAR'S SIGNATURE <u>Melvin C. Bowman M.D.</u> | | FUNERAL DIRECTOR'S SIGNATURE <u>Osley Thompson Sr.</u> | | ADDRESS <u>Neosho, Mo.</u> | |

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

223

RECEIVED

District Health Officer No. Newton

District File Number 957-211

Date Filed SEP 13 1957

MAR 14 1958

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 Barley Thompson Sr.

Licensed Embalmer No. 3259

P. O. Address Neveks 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.