

THE DIVISION OF HEALTH OF MISSOURI 3892-58
 STANDARD CERTIFICATE OF DEATH

 58-010814
 State File No.

FILED APR 7 1958

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 32

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 town) Neosho		c. CITY (If outside corporate limits, write RURAL and give township) Neosho 0732	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 1600 No. Hickory Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1600 No. Hickory Ave.			

3. NAME OF DECEASED (Type or Print)		a. (First) ALICE		b. (Middle) MARIE		c. (Last) LEE		4. DATE OF DEATH (Month) (Day) (Year) Mar. 21, 1958	
5. SEX Female 3		6. COLOR OR RACE Black		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0		8. DATE OF BIRTH Feb. 7, 1958		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. 1 15	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Stella Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Ned Lee		13b. MOTHER'S MAIDEN NAME Ila Mae Wells		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ila Mae Lee, Neosho Missouri	
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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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation -				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) Bed clothes					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 9240 22					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 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) Neosho - 2 -	
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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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 073	
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22. I hereby certify that I attended the deceased from **2-7-**, 1958, to **3-21-**, 1958 that I last saw the deceased alive on **3-14**, 1958 and that death occurred at **4:30A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Melvin McCallough M.D.		23b. ADDRESS Neosho Mo.		23c. DATE SIGNED 3/25/58	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-24-1958		24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill		24d. LOCATION (City, town, or county) (State) Newton County Missouri	
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DATE REC'D BY LOCAL REG. 3-29-58		REGISTRAR'S SIGNATURE Melvin C. Bowman MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Carley Thompson Neosho Mo.	
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NEWTON COUNTY HEALTH UNIT

RECEIVED

District Health Officer No. Newton

District File Number 458-72

Date NEOSHO, MISSOURI APR 5 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 Carley Thompson Jr.

Licensed Embalmer No. 3259

P. O. Address Neosho Missouri

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.