

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019111

FILED JUN 5 1958		REG. DIST. NO. 245		PRIMARY REG. DIST. NO. 3047		Registrar's No. 58		
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) Neosho		c. LENGTH OF STAY in this State or TOWN All life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho 67320				
d. FULL NAME OF HOSPITAL OR INSTITUTION Sale Memorial Hospital				d. STREET ADDRESS (If rural, give location) 340 S. Ripley				
3. NAME OF DECEASED a. (First) Josephine			b. (Middle) A.		c. (Last) England		4. DATE OF DEATH (Month) (Day) (Year) May 4, 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 12, 1880		9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and State or Foreign Country) Neosho, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Samuel J. Hendrex			13b. MOTHER'S MAIDEN NAME Margaret Ann Carico		14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ray England Neosho, Mo.				
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) Peritoneal phlegmon, Chronic, recurrent with uremia. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, Generalized DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 6 mo. 3 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 6000				20. AUTOPSY? 2 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) 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 May 1947 , to May 4, 1958 , that I last saw the deceased alive on May 4, 1958 , and that death occurred at 7 a.m. , from the causes and on the date stated above.								
23a. SIGNATURE Harold C. Bentz			23b. ADDRESS Neosho Mo.			23c. DATE SIGNED 5-21-58		
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE May 7, 1958	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery		24d. LOCATION (City, town, or county) (State) Neosho, Missouri			
DATE REC'D BY LOCAL REG. 5-24-58		REGISTRAR'S SIGNATURE Melvin C. Bowman M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clark Funeral Home Neosho, Mo.			

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

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RECEIVED

District Health Officer No. Newton

District File Number 658-116

Date Filed JUN 8 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 _____

Fred L. Clark

Student Embalmer No. 536

working under my personal supervision.

Fred L. Clark
Student Embalmer

Signed

Mariellen Trecheet

Licensed Embalmer No. 4166

P. O. Address Newark, 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.