

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022696
State File No.

FILED JUN 23 1958

BIRTH NO. _____ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 4364 Registrar's No. 66

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) <u>Stella</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cardwell Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>073 300 No. Wood St/</u>	
3. NAME OF DECEASED a. (First) <u>J.</u> b. (Middle) <u>Oscar</u> c. (Last) <u>England</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 17, 1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Oct. 10, 1880</u>
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Salesman</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Viola Tennessee</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Alexander W. England</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Neal</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Edgar England</u>		ADDRESS <u>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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ruptured Spleen</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Split Diaphragm</u> DUE TO (c) <u>983X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Beating By Person or Persons</u> <u>UNKNOWN</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Numerous Hemorrhagic areas in Bowel - Blood in Lungs</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT - SUICIDE - HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Neosho - Alley</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5-17-58 7:00 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Person found - Police called</u>		22. I hereby certify that I attended the deceased from <u>5-17, 1958</u> , to <u>5-17, 1958</u> , that I last saw the deceased alive on <u>5-17, 1958</u> , and that death occurred at <u>1:00 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Melvin M. Cullough M.D.</u>		23b. ADDRESS <u>Neosho Mo</u>	
23c. DATE SIGNED <u>5/28/58</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>5-20-1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>L.O.O.F.</u>	
24d. LOCATION (City, town, or county) (State) <u>Neosho Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carley Thompson Sr.</u>	
25. ADDRESS <u>Neosho Mo.</u>		DATE REC'D BY LOCAL REG. <u>5-30-58</u>	
REGISTRAR'S SIGNATURE <u>Margaret Moberly</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carley Thompson Sr.</u>	

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

RECEIVED

District Health Officer No. Newton

District File Number 658-130

Date Filed JUN 17 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 Corey Thompson Jr.

Licensed Embalmer No. 3259

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.