

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024376

STATE FILE NUMBER

FILED JUL 1 1958 Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 123

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Nevada 10820</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>City Hospital</u>		Length of stay in 1b <u>21 Days</u>	d. STREET ADDRESS (If outside, give location) <u>R.R. 1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Edna</u> Middle <u>Neuman</u> Last <u>Neuman</u>			4. DATE OF DEATH Month <u>June</u> Day <u>19</u> Year <u>1958</u>		
--	--	--	--	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9 Sept. 1881</u>	9. AGE (In years last birthday) <u>76</u>	FUNDER 1 YEAR Months <u>7</u> Days <u>6</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
-------------------------	----------------------------------	---	---	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaking</u>	11. BIRTHPLACE (City and state or country) <u>Dudley, Iowa.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
---	--	--	---

13a. FATHER'S NAME <u>Edwin Doolittle</u>	13b. MOTHER'S MAIDEN NAME <u>Florence Danbrun</u>	14. NAME OF HUSBAND OR WIFE <u>Willington W. Neuman</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>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Mrs. C. Hammons</u>	Address <u>R.R.1 Nevada, Mo</u>
--	--	---	------------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Vascular Accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Hypertensive heart disease</u>	<u>2 weeks</u>
	DUE TO (c) <u>Arteriosclerosis</u>	<u>443X</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
---	--

20c. TIME OF INJURY Hour <u>7:26</u> Month, Day, Year <u>June 4, 1956</u> a.m. <u>7:26</u> p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Nevada, Mo.</u>	COUNTY <u>Nevada</u>	STATE <u>Mo.</u>
---	---	--	--	-------------------------	---------------------

21. I attended the deceased from <u>June 4, 1956</u> to <u>June 19, 1958</u> and last saw ^{her} him alive on <u>June 19, 1958</u> Death occurred at <u>Nevada, Mo.</u> <u>7:26 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>L. P. McCann, M. D.</u>	22b. ADDRESS <u>Moore Building, Nevada, Mo.</u>	22c. DATE SIGNED <u>6-20-1958</u>
--	--	--------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>21 June</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetary</u>	23d. LOCATION (City, town, or county) (State) <u>DeMolins, Iowa.</u>
---	-----------------------------	---	---

24. FUNERAL DIRECTOR <u>Richard L. Shorten</u>	ADDRESS <u>Nevada, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>6-25-1958</u>	26. REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>
---	-------------------------------	--	---

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
-57

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
Signature of Student Embalmer

Signed *Lloyd C. McLeod*

Licensed Embalmer No. *4853*

P. O. Address *Florida 7*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.