

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029782
State File No.

FILED SEP 2 1958

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5836 Registrar's No. 95

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>0730 Rural</u>		d. STREET ADDRESS (If rural, give location) <u>Neosho R.F.D. # 1</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Neosho Twp.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>LILLIE</u> b. (Middle) <u>M.</u> c. (Last) <u>HUEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 13, 1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 27, 1878</u>	9. AGE (In years last birthday) <u>80</u>	10. UNDER 1 YEAR (Month) (Day) (Hour) (Min.)
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>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Unknown Wisconsin</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Albro Madison Foster</u>		13b. MOTHER'S MAIDEN NAME <u>Minerva M. Maynard</u>		14. NAME OF HUSBAND OR WIFE	
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'S SIGNATURE OR NAME ADDRESS <u>Esther Richey, Aldrick 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asthma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Pulmonary Emphysema</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial weakness</u>				INTERVAL BETWEEN ONSET AND DEATH <u>18 days</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>5271</u>				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) (Min.)	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>April 26, 1958</u> , to <u>May 13, 1958</u> , that I last saw the deceased alive on <u>May 12, 1958</u> , and that death occurred at <u>2:15 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Dr. A. F. Barbarick D.C.</u>			23b. ADDRESS <u>Neosho Mo.</u>		23c. DATE SIGNED <u>May 16 58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-15-1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Thrasher</u>	24d. LOCATION (City, town, or county) (State) <u>Newton County Missouri</u>		
DATE REC'D BY LOCAL REG. <u>8-27-58</u>	REGISTRAR'S SIGNATURE <u>Melvin C. Bowman M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Corey Thompson D.</u>		ADDRESS <u>Neosho Mo.</u>

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

RECEIVED

District Health Officer No. Newton

District File Number 858-183

Date Filed AUG 23 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

Carey Thompson Sr.

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.