

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006494  
STATE FILE NUMBER

FILED FEB 25 1959

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 16

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Newton</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Neosho</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Seneca</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Sale Memorial Hosp.</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Eva</b> Middle <b>May</b> Last <b>King</b>			4. DATE OF DEATH Month <b>Feb.</b> Day <b>17,</b> Year <b>1959</b>		
5. SEX <b>Fem.</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 24, 1876</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) <b>Lamar, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Mark Plummer</b>		13b. MOTHER'S MAIDEN NAME <b>Vianna Harvey</b>	
14. NAME OF HUSBAND OR WIFE <b>Charles King</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Theodore King, Seneca, Mo.</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Aplastic anemia, cause condition</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 mo.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		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 _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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		COUNTY STATE	
21. I attended the deceased from <b>June 1958</b> to <b>Feb 17, 1959</b> and last saw her alive on <b>Feb 17, 1959</b> Death occurred at <b>9:20 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Harold C. Bentz, M.D.</b>			22b. ADDRESS <b>Neosho, Mo.</b>		22c. DATE SIGNED <b>2-19-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>2-19-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Seneca Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Seneca, Missouri</b>
24. FUNERAL DIRECTOR <b>W.C. Addler</b>		ADDRESS <b>Seneca, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Feb. 19, 1959</b>		26. REGISTRAR'S SIGNATURE <b>Melvin C. Bowman, M.D.</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED  
STATE OF MISSISSIPPI  
DEPARTMENT OF HEALTH  
DIVISION OF PUBLIC HEALTH  
MORTUARY SECTION  
JAN 21 1970

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 W. E. DeLoe

Licensed Embalmer No. 2174  
P. O. Address Seneca 70

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.