RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 7 1960

-60-031457

STATE FILE NUMBER

Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 35

DED

1. PLACE OF DEATH
a. COUNTY Newton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stella
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cardwell Memorial Hosp. Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Newton
c. CITY OR TOWN Neosho Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) No. College St. Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First SUSIE Middle Last BROADY
4. DATE OF DEATH Month July Day 30 Year 1960
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 1/30/'70
9. AGE (last birthday) 90
IF UNDER 1 YEAR Months Days IF UNDER 24 HR 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 Own Home
11. BIRTHPLACE (City and state or country) Tennessee
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John Rinehart
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT Bert Broady, Address Joplin Mo. R#2.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 2 yrs
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 3-1958 to July 30 1960 and last saw him alive on July 11-1960
Death occurred at 6:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Melvin McCullough DO (Degree or title)
22b. ADDRESS 424 W. Sherman Neosho Mo
22c. DATE SIGNED 8/2/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8/3/1960
23c. NAME OF CEMETERY OR CREMATORY Oakwood
23d. LOCATION (City, town, or county) Newton County Mo. (State)

24. FUNERAL DIRECTOR ADDRESS Thompson Funeral Home, Neosho Mo.
25. DATE RECD. BY LOCAL REG. 8-4-60
26. REGISTRAR'S SIGNATURE Mildred Moherly

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Clyde M. Damron

Licensed Embalmer No. 5068

P. O. Address Neosho

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c 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.