

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS SEP 26 1960

-60-035585

STATE FILE NUMBER

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 96

| | | | | | | | | |
|--|--|---|--|---|--|--|---|--|
| 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, give TOWNSHIP only) OR TOWN <u>Neosho</u> | | Length of stay in 1b <u>5 Months</u> | | c. CITY OR TOWN <u>Neosho</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Sale Memorial Hospital</u> | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>507 Sherman Street</u> | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>Mildred</u> Middle <u>L.</u> Last <u>Hastings</u> | | | | 4. DATE OF DEATH Month <u>September</u> Day <u>17</u> Year <u>1960</u> | | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH <u>5-15-1904</u> | 9. AGE (last birthday) <u>56</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | IF UNDER 24 HR Hours <u> </u> Min. <u> </u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <u>Teacher & Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Teaching</u> | | 11. BIRTHPLACE (City and state or country) <u>Springfield, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | |
| 13a. FATHER'S NAME <u>Claud C. Mace</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Marnie Staggs</u> | | 14. NAME OF HUSBAND OR WIFE <u>Chauncey</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 Address <u>Chauncey Hastings Neosho, Mo</u> | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| IMMEDIATE CAUSE (a) <u>Uremia</u> | | | | | | | <u>about 10 days</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | | | |
| DUE TO (b) <u>Adeno carcinoma of Rectum with Metastasis to abdomen and chest. (Generalized)</u> | | | | | | | <u>1 1/2 years</u> | |
| DUE TO (c) | | | | | | | <u>about 6 months</u> | |
| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | |
| 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> </u> a.m. <u> </u> p.m. | Month, Day, Year | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <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 | | COUNTY | STATE | |
| 21. I attended the deceased from <u>Apr. 11, 1960</u> to <u>Sept. 17, 1960</u> and last saw her <u> </u> alive on <u>Sept. 16, 1960</u> | | | | | | | | |
| Death occurred at <u>12:55 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Melvin C. Bowman M.D.</u> | | | | 22b. ADDRESS <u>Neosho, Mo.</u> | | 22c. DATE SIGNED <u>9-21-60</u> | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>9-19-1960</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Neosho, Missouri</u> | | | | |
| 24. FUNERAL DIRECTOR <u>Clark Funeral Home, Neosho, Mo</u> | | | ADDRESS | 25. DATE RECD. BY LOCAL REG. <u>Sept. 21, 1960</u> | 26. REGISTRAR'S SIGNATURE <u>Melvin C. Bowman M.D.</u> | | | |

DOCUMENT

MEDICAL CERTIFICATION

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 by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Fred L. Clark

Licensed Embalmer No. 5056

P. O. Address 312 So Wood
Keosauqua, Mo.

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