URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ILED VS NOV 7 1960

-60-039136
STATE FILE NUMBER

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 115

NDED

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Neosho
Length of stay in Ib: 30 Min
c. FULL NAME OF HOSPITAL OR INSTITUTION: Sale Memorial Hosp
Inside Limits: Yes [X] 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 [X] No [ ]
d. STREET ADDRESS (If outside, give location): 518 Pearl Street
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Ollie Middle: Catherine Last: Haddock
4. DATE OF DEATH: Month: Oct Day: 31 Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 8-11-1882
9. AGE (last birthday): 78
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: House Keeping
11. BIRTHPLACE (City and state or country): Barry County Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Edward Wallen
13b. MOTHER'S MAIDEN NAME: Marada Tucker
14. NAME OF HUSBAND OR WIFE: J.L. Haddock
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: Mr J.L. Haddock Address: Neosho, Mo.

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): Arteriosclerotic heart disease with myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Pulmonary tuberculosis, healed with marked pulmonary fibrosis — 15 yrs?
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 May 1960, to Oct 31, 1960 and last saw her alive on Oct 31, 1960.
Death occurred at 7:20 m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Harold C. Bentz M.D. (Degree or title)
22b. ADDRESS: Neosho Mo.
22c. DATE SIGNED: 11-1-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11-2-1960
23c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery
23d. LOCATION (City, town, or county) (State): Neosho, Missouri
24. FUNERAL DIRECTOR ADDRESS: Clark Funeral Home Neosho, Mo
25. DATE RECD. BY LOCAL REG.: 11-1-60
26. REGISTRAR'S SIGNATURE: Melvin C. Bowman M.D.

(Licensed Embalmer's Statement on Reverse Side)

B4 Re

## 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_____ Signed Fred L. Clark

Signature of Student Embalmer

Licensed Embalmer No. 5056

P. O. Address 312 So. We

Neosho, Mo

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