

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 18 1960

-60-039142

STATE FILE NUMBER

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 104

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| 1. PLACE OF DEATH<br>a. COUNTY <u>NEWTON</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MO</u> b. COUNTY <u>McDonald</u> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>NEOSHO</u>                  |  | Length of stay in 1b <u>6 mos</u>   | c. CITY OR TOWN <u>HANABAN</u><br>Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>                            |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>340 So. Jeff.</u> |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First <u>MARY</u> Middle <u>houncindy</u> Last <u>Minix</u> |  |  | 4. DATE OF DEATH<br>Month <u>10</u> Day <u>6</u> Year <u>1960</u> |  |
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|-----------------|---------------------------|--|-----------------------------------|----------------------------------|---|--|
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>5-13-1886</u> | 9. AGE (last birthday) <u>74</u> | IF UNDER 1 YEAR<br>Months <u>4</u> Days <u>23</u> | IF UNDER 24 HR<br>Hours <u></u> Min. <u></u> |
|-----------------|---------------------------|--|-----------------------------------|----------------------------------|---|--|

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| 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>JAMES</u> | 11. BIRTHPLACE (City and state or country) <u>Tipton, Tenn.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S</u> |
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|  |   |                                     |
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| 13a. FATHER'S NAME <u>JAMES HENRY SEAS</u> | 13b. MOTHER'S MAIDEN NAME <u>ZANIE KATHRYN WHIANS</u> | 14. NAME OF HUSBAND OR WIFE <u></u> |
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| 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 <u>Mrs Abta Rishey</u> Address <u>NEOSHO MO</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u><br>DUE TO (b) <u>Arteriosclerosis</u><br>DUE TO (c) <u></u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  | INTERVAL BETWEEN ONSET AND DEATH  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes</u>  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> N. <input type="checkbox"/> Unknown |

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| 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.) |
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|   |                  |  |  |                              |        |       |
|---|------------------|--|--|------------------------------|--------|-------|
| 20c. TIME OF INJURY<br>Hour <u></u> a.m. <u></u> p.m. <u></u> | 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 11-1-50 to 10-6-60 and last saw her alive on 10-5-60  
Death occurred at 9:55 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

|   |                               |                                  |
|---|-------------------------------|----------------------------------|
| 22a. SIGNATURE <u>J. Blankenship M.D.</u> (Degree or title) | 22b. ADDRESS <u>Neosho mo</u> | 22c. DATE SIGNED <u>10-11-60</u> |
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|   |                          |   |   |
|---|--------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>10-8-60</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>MT PHEASANT CEM</u> | 23d. LOCATION (City, town, or county) (State) <u>HIAWASSE ARK</u> |
|---|--------------------------|---|---|

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| 24. FUNERAL DIRECTOR <u>Humphreys &amp; Son</u> ADDRESS <u>W. H.</u> | 25. DATE RECD. BY LOCAL REG. <u>10/11/60</u> | 26. REGISTRAR'S SIGNATURE <u>Melvin C. Bowman, MD.</u><br><u>pu RH.</u> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 29 1950

**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 Mayne E. Humphreys

Licensed Embalmer No. 4262

P. O. Address Princeton

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.