

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-042701**

**LED VS NOV 28 1960**

STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 150

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bedford</u>		Length of stay in 1b <u>2 wks,</u>	c. CITY OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lincoln County Memorial Hospital</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>6 Mi. N.W. of Hawkpoint Mo.</u>	
3. NAME OF DECEASED (Type or print) First <u>ELIZABETH</u> Middle <u>NEUMANN</u> Last <u>NEUMANN</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>22</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>June 7, 1879</u>	9. AGE (last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>15</u>
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>Housework</u>	11. BIRTHPLACE (City and state or country) <u>Hawkpoint MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Henry Frank</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Lanche</u>		14. NAME OF HUSBAND OR WIFE <u>Albert Neumann</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT Address <u>Albert Neumann Silex MO.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral Vascular Accidents

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. ] DUE TO (b) Senility -

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.)  
none

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 11/5 to Nov 22, 1960 and last saw her <sup>her</sup> <sub>him</sub> alive on 11/22/60  
Death occurred at 11 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Doctor or title)  
J. Church M.D.

22b. ADDRESS  
Troy Mo

22c. DATE SIGNED  
11/23/60

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE  
Nov. 25, 1960

23c. NAME OF CEMETERY OR CREMATORY  
Hawkpoint Cemetery

23d. LOCATION (City, town, or county)  
Hawkpoint MO.

24. FUNERAL DIRECTOR  
D.W. Mc Coy Troy Mo

25. DATE RECD. BY LOCAL REG.  
11-23-1960

26. REGISTRAR'S SIGNATURE  
Charlotte Leeker

(Licensed Embalmer's Statement on Reverse Side)

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

*D. W. McLeary*

Licensed Embalmer No.

*3588*

P. O. Address

*Troy Mo*

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.