RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-042923

STATE FILE NUMBER

FILED VS NOV 29 1960

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 123

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Neosho
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Sale 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): 210 No. Jefferson
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First MAUDE Middle STEWART Last HAAS

4. DATE OF DEATH: Month Nov. Day 9, Year 1960

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 1-6-1879
9. AGE (last birthday): 81
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): Neosho Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Frank Stewart
13b. MOTHER'S MAIDEN NAME: Belle McMaster
14. NAME OF HUSBAND OR WIFE: Charles Haas

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: Chas. Haas Address: Neosho Missouri

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 Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 1 yr
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 1955, to Nov 9, 1960 and last saw her alive on Nov 9, 1960
Death occurred at 7:40 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Harold C. Lentz M.D. (Degree or title)
22b. ADDRESS: Neosho Mo
22c. DATE SIGNED: 11-22-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11-12-1960
23c. NAME OF CEMETERY OR CREMATORY: I.O.O.F.
23d. LOCATION (City, town, or county) (State): Neosho Missouri

24. FUNERAL DIRECTOR ADDRESS: Thompson Funeral Home, Neosho Mo.
25. DATE RECD. BY LOCAL REG.: 11-22-1960
26. REGISTRAR'S SIGNATURE: Delvin C. Bowman M.D. By RC

(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 by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Lloyd M. Damron

Signature of Student Embalmer

Licensed Embalmer No. 506

P. O. Address Meade

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.