

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046927

FILED VS DEC 19 1960

STATE FILE NUMBER

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 132

1. PLACE OF DEATH a. COUNTY NEWTON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY NEWTON									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NEOSHO			Length of stay in 1b 50 Years		c. CITY OR TOWN NEOSHO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 411 S. Ripley				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 411 S. Ripley		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First Middle Last DAVID WILLEY LILES						4. DATE OF DEATH Month Day Year December 12, 1960							
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-30-1878		9. AGE (last birthday) 82		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) Retired streetcar optr.				10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) Neosho, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Robert P. Liles				13b. MOTHER'S MAIDEN NAME Elma Love				14. NAME OF HUSBAND OR WIFE Jennie Westgatae					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No None				16. SOCIAL SECURITY NO. 491-01-4645		17. INFORMANT Address Mrs. Jennie Liles, Neosho, Mo							
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 Cardiovascular Disease DUE TO (b) Possible Cerebral Thrombosis DUE TO (c) _____ 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)								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 a.m. 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>1957</u> to <u>12 Dec 1960</u> and last saw ^{her} him alive on <u>12 Dec 1960</u> Death occurred at <u>1:20</u> P on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) J. C. Olive, MD						22b. ADDRESS Neosho, Mo			22c. DATE SIGNED 12-14-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 15, 1960		23c. NAME OF CEMETERY OR CREMATORY Memorial Park			23d. LOCATION (City, town, or county) (State) Newton County, Missouri						
24. FUNERAL DIRECTOR ADDRESS Thompson Funeral Home, Neosho, Mo.						25. DATE RECD. BY LOCAL REG. 12-14-1960		26. REGISTRAR'S SIGNATURE Delvin C. Bowman, M.D. <i>By D.C.</i>					

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 Jimmie C. Jobe, Student Embalmer No. 619

working under my personal supervision

Student Jimmie C. Jobe
Signature of Student Embalmer

Signed Clyde M. G. Damm

Licensed Embalmer No. 5065

P. O. Address Muskogee, Ala.

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.