

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033041

STATE FILE NUMBER

Registration District No. 245 Primary Registration District No. 8647 Registrar's No. 112

**FILED AUG 26 1963**

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Newton</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Neosho</u> Length of stay in 1b <u>62 Yrs</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>2. USUAL RESIDENCE</b> (Where deceased lived; If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Newton</u> c. CITY OR TOWN <u>Neosho</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>1205 Pineville Rd</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
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<b>3. NAME OF DECEASED</b> (Type or print) First <u>Myrtle</u> Middle <u>V.</u> Last <u>Humphrey</u>			<b>4. DATE OF DEATH</b> Month <u>August</u> Day <u>16</u> Year <u>1963</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</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>3-31-18-97</u>	9. AGE (last birthday) <u>66</u>	IF UNDER 1 YEAR Months Days Hours Min.

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>Arkansas</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Elisha S. Puett</u>		13b. MOTHER'S MAIDEN NAME <u>Myra Shepherd</u>	
14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Mrs Harvey Puett</u> Address <u>Neosho, Mo</u>	

<b>18. CAUSE OF DEATH</b> (Enter only one cause per time (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> DUE TO (b) <u>General Arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	INTERVAL BETWEEN ONSET AND DEATH <u>2 Days</u>
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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 checked="" type="checkbox"/> No <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.)	
20c. TIME OF INJURY <u>5 Hour</u> Month <u>July</u> Day <u>1962</u> a.m. p.m.		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 July 1962 to 8-16-63 and last saw her alive on Aug 10-63  
 Death occurred at 4:30 P.M. on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title) <u>R. Reynolds, M.D.</u>	22b. ADDRESS <u>Neosho Mo</u>	22c. DATE SIGNED <u>8-19-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-20-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Salem Cem</u>
23d. LOCATION (City, town, or county) <u>7 Miles W. Neosho, Mo</u>		23e. STATE <u>Mo</u>

24. FUNERAL DIRECTOR ADDRESS <u>Clark Funeral Home Neosho, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>8-19-63</u>	26. REGISTRAR'S SIGNATURE <u>Marydene Belka</u>
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED	AMENDED	DOCUMENT
1 <u>0735</u>		
2 <u>0735</u>		
3		
4 <u>1</u>		
5 <u>2</u>		
6		
7 <u>1</u>		
8 <u>2</u>		
9 <u>331X</u>		
10		
11		
12 <u>90-0</u>		
13 <u>6-0</u>		

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

AUG 30 1863

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed H. Wayne Lewis

Licensed Embalmer No. 5191

P. O. Address 632 Park St.

Newark, 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.