S. No. 300
10.48

FILED FEB 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 442

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 45

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1. PLACE OF DEATH
a. COUNTY: CALLAWAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FULTON
c. LENGTH OF STAY (in this place): 2 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CALLAWAY COUNTY HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Callaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton
d. STREET ADDRESS (If rural, give location): 303 E 6th

3. NAME OF DECEASED (Type or Print)
a. (First): ROSALIA
b. (Middle):
c. (Last): NEUKOMM

4. DATE OF DEATH (Month) (Day) (Year): Feb 10 1949

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: AUG. 28, 1868
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 5, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEKEEPER
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): FULTON, MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JOHN J. NEUKOMM
13b. MOTHER'S MAIDEN NAME: KUNIGUNDA LANG
14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: John J. Neukomm — ADDRESS: Fulton Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia, Bronchial — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension Cardio Renal
DUE TO (c): Vascular Disease + Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-20, 1949, *to* 2-10, 1949, *that I last saw the deceased alive on* 2/9, 1949, *and that death occurred at* 12:56 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George F. Wood MD
23b. ADDRESS: 614 Market St Fulton Mo
23c. DATE SIGNED: 2/10/49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: FEB 11, 1949
24c. NAME OF CEMETERY OR CREMATORY: HILLCREST
24d. LOCATION (City, town, or county) (State): FULTON, MO

DATE REC'D BY LOCAL REG.: Feb 11-1949
REGISTRAR'S SIGNATURE: Josie Morsuckhoff 38
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Glen Y. Maupin, Fulton, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9,
District File Number FEB 14 1949
Date Filed

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.

Signed Walter J Haines Jr.

Licensed Embalmer No. 4557

P. O. Address Fulton, Mo.

Signed .....
Student Embalmer

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 this body is not embalmed, fact should be so stated above.