

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 21 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **243** PRIMARY REG. DIST. NO. **3047** Registrar's No. **15**

7332

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

1. PLACE OF DEATH a. COUNTY <b>NEWTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>NEWTON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Neosho</b>	c. LENGTH OF STAY (in this place) <b>45 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>GRANBY</b>	0
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>SMITH NURSING HOME</b>		d. STREET ADDRESS (If rural, give location) <b>R.R. # 1</b>	0

3. NAME OF DECEASED (Type or Print) a. (First) <b>SAMANTHA</b> b. (Middle) <b>CATHERINE</b> c. (Last) <b>YOUNGBLOOD</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 26-1949</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>OCT-8-1857</b>	9. AGE (In years last birthday) <b>91</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>18</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (State or foreign country) <b>HALL TOWN MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>AMERICAN</b>	

13a. FATHER'S NAME <b>UNKNOWN</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>George W. Deceased</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Thomas B. Youngblood</b> ADDRESS <b>Granby Mo</b>

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Mitral insufficiency</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Don't know</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <b>410K</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2:17**, **1949** to **2:26**, **1949**, that I last saw the deceased alive on **2:17**, **1949**, and that death occurred at **12:50 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>L E Rolus</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>Granby Mo</b>	23c. DATE SIGNED <b>3.7.49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>Feb 28-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>GREENWOOD</b>	24d. LOCATION (City, town, or county) (State) <b>GRANBY B.R.1 MO.</b>
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DATE REC'D BY LOCAL REG. <b>March 11, 1949</b>	REGISTRAR'S SIGNATURE <b>Delvin C. Bowman</b>	223	25. FUNERAL DIRECTOR'S SIGNATURE <b>CLARK BIGHAM</b> ADDRESS <b>Neosho Mo</b>
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RECEIVED  
District Health Officer No. *W. C. Stewart*  
Index File Number *979-50*  
Date filed *3-17-49*

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 \_\_\_\_\_  
Student Embalmer

Signed *H. G. White*  
Licensed Embalmer No. *4240*  
P. O. Address *Neosho, 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 this body is not embalmed, fact should be so stated above.