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

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED SEP 24 1949

31183

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>245</u>		PRIMARY REG. DIST. NO. <u>3047</u>		Registrar's No. <u>74</u>		
1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u>		7-3		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>345 So. Wood St.</u>				d. STREET ADDRESS (If rural, give location) <u>345 So. Wood St.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>CRISSIE</u> b. (Middle) <u>STEWART</u> c. (Last) <u>FLINT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 12 1949</u>					
5. SEX <u>FEM.</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>Nov. 17, 1871</u>		
9. AGE (In years) (last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>25</u>		IF UNDER 12 HRS. Hours <u></u> Mins. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Neosho Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JACOB STEWART</u>			13b. MOTHER'S, MAIDEN NAME <u>CYNTHIA ANN PRICE</u>			14. NAME OF HUSBAND OR WIFE <u>ELBERT E. FLINT</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>SALLIE B. STEWART</u> <u>Neosho, Mo.</u>				
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.		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <u>6 Weeks</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage -</u>						
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u>						
		DUE TO (c)						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fractured neck Femur</u>					<u>331A</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 <u>Aug 2, 1949</u> , to <u>Sept 12, 1949</u> , that I last saw the deceased alive on <u>Sept 11, 1949</u> , and that death occurred at <u>1:25 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>R. Lawson M.D.</u>				23b. ADDRESS <u>Neosho Mo.</u>		23c. DATE SIGNED <u>9/12/49</u>		
24a. BURIAL, CREMATION, REINTERMENT (Specify) <u>BURIAL</u>		24b. DATE <u>9-13-1949</u>		24c. NAME OF CEMETERY OR CREMATORIUM <u>NEOSHO L.O.O.F.</u>		24d. LOCATION (City, town, or county) (State) <u>Neosho Newton Mo.</u>		
DATE RECD BY LOCAL REG. <u>Sept. 13, 1949</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Orley Thompson</u>		ADDRESS <u>Neosho Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. NEWTON CO. HEALTH UNIT

District File Number 949-160

Date Filed SEP 22 1949

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 Ralph K. Patterson

Licensed Embalmer No. 4697

P. O. Address Wesley, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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