

FILED JAN 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1870

732

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

BIRTH NO.		REG. DIST. NO. 245		PRIMARY REG. DIST. NO. 3047		Registrar's No. 5	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Newton		b. CITY (If outside corporate limits, write RURAL and give township) Neosho		c. LENGTH OF STAY (In this place) 3 yrs.		d. FULL NAME OF HOSPITAL OR INSTITUTION North Central Part	
a. STATE Missouri		b. COUNTY Newton		c. CITY (If outside corporate limits, write RURAL and give township) Neosho		d. STREET ADDRESS (If rural, give location) North Central Part	
3. NAME OF DECEASED (Type or Print)		a. (First) INEZ		b. (Middle) FRIEND		c. (Last) FRIEND	
4. DATE OF DEATH		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH		9. AGE (In years last birthday)	
January 4, 1950		Married		March 5, 1907		42	
5. SEX Female		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (State or foreign country) Neosho, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Allen Harper		13b. MOTHER'S MAIDEN NAME Lottie Lamar	
14. NAME OF HUSBAND OR WIFE George V. Friend		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. 499-24-4147		17. INFORMANT'S SIGNATURE OR NAME Geo. V. Friend	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Uterus with Metast.</i>				<i>Oct 14-1948</i>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>unknown</i>					
		DUE TO (c) <i>none</i>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <i>Oct-1948</i>		19b. MAJOR FINDINGS OF OPERATION <i>Enlarged Uterus with malignancy</i>				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 <i>Oct 14th</i> , 19 <i>48</i> , to <i>Jan 4th</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>Jan 4th</i> , 19 <i>50</i> , and that death occurred at <i>6:05 p.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Melvin C. Bowman M.D.</i>				23b. ADDRESS <i>Neosho, Mo</i>		23c. DATE SIGNED <i>Jan 6-50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-6-1950		24c. NAME OF CEMETERY OR CREMATORY Howard Cemetery		24d. LOCATION (City, town, or county) (State) Goodman, Missouri	
DATE REC'D BY LOCAL REG. <i>Jan 9, 1950</i>		REGISTRAR'S SIGNATURE <i>Melvin C. Bowman</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>John B. Papineau</i>		ADDRESS Goodman, Missouri	

RECEIVED

District Health Officer No. *Newton Co. Health Dept.*

District File Number *150-26*

Date Filed *JAN 24 1950*

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 *John B. Papineau*

Signed _____
Student Embalmer

Licensed Embalmer No. *4446*

P. O. Address *Goodman, 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.