

FILED FEB 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5540

State File No.

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 14

0732
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give town or township) Neosho		c. CITY (If outside corporate limits, write RURAL and give township) Neosho	
c. LENGTH OF STAY (In this place) 25 Yrs		d. STREET ADDRESS (If rural, give location) 314 S. Lafavett St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sales Memorial Hospital			

3. NAME OF DECEASED a. (First) Mary Cynthia (Type or Print)			b. (Middle) Smith			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Febr. 6 1950					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 12 1876			9. AGE (In years last birthday) 73		10. MONTH 4	11. DAYS 25	12. HOURS 	13. MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY None				11. BIRTHPLACE (State or foreign country) Newton Co. Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Isaac R. Thurman			13b. MOTHER'S MAIDEN NAME Martha Jane Clark			14. NAME OF HUSBAND OR WIFE E. D. Smith		
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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. No		17. INFORMANT'S SIGNATURE OR NAME Mrs Dewey Myers				ADDRESS Neosho, Mo. R#3	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension Severe							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)							

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None						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 Feb 1, 1950 to Feb 6, 1950, that I last saw the deceased alive on Feb 6, 1950, and that death occurred at 11:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE Martin M.D.			23b. ADDRESS Neosho, Mo			23c. DATE SIGNED Feb 8, 1950		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 2-8-50		24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cem.		24d. LOCATION (City, town, or county) (State) Neosho, Missouri		

DATE REC'D BY LOCAL REG. Feb. 8, 1950		REGISTRAR'S SIGNATURE Melvin C. Boncompagni		223		F. FUNERAL DIRECTOR'S SIGNATURE Marion Hope Wheaton		ADDRESS Mo.	
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RECEIVED

District Health Officer No. Newton Co. Health Dept.
District File Number 150-44
Date ^{recd} filed 2/12/50

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 _____
Student Embalmer

Signed Wm Morris Poque

Licensed Embalmer No. 34420

P. O. Address Wheaton, 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.