

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41589

State File No. _____

FILED JAN 6 1951

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 136

732
1

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

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) <u>NEOSHO</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>NEOSHO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>420 FREEMAN ROAD</u>		d. STREET ADDRESS (If rural, give location) <u>420 FREEMAN ROAD</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>DOCIA</u> b. (Middle) <u>E.</u> c. (Last) <u>BANDY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 15. 1950</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	8. DATE OF BIRTH <u>MAY 27. 1873</u>
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	11. BIRTHPLACE (State or foreign country) <u>FULTON KENTUCKY</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>J. T. MOORE</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET ROBERTS</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO NONE</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ALVIN BANDY NEOSHO, MISSOURI</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage 4 yrs ago</u> DUE TO (c) <u>arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</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>12-5</u> , 19 <u>50</u> , to <u>12-15</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-15</u> , 19 <u>50</u> , and that death occurred at <u>11:25 P. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>R. L. Lamm</u> (Degree or title)		23b. ADDRESS <u>Neosho Mo</u>	
23c. DATE SIGNED <u>12/22/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>12-18-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F.</u>	
24d. LOCATION (City, town, or county) (State) <u>NEOSHO MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Earley Thompson, Neosho Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 29, 1950</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Romberg</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Newton Co. HD
District File Number 151-12
Date Filed 1/4/51

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 _____

Carey Thompson Jr. Student Embalmer No. 384
working under my personal supervision.

Student Carey Thompson Jr.
Student Embalmer

Signed Carey Thompson Sr.
Licensed Embalmer No. 3259

P. O. Address Neesho, 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.