

FILED JAN 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41610

State File No. _____

| | | | | | | | | |
|--|-------------------------------|--|--|---|--|--|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>247</u> | | PRIMARY REG. DIST. NO. <u>4366</u> | | Registrar's No. <u>44</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>GRANBY</u> | | c. LENGTH OF STAY (In this place) <u>20 HRS</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u> | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>COMMUNITY HOSPITAL</u> | | | | d. STREET ADDRESS (If rural, give location) <u>201 EAST HICKORY</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u> | | | b. (Middle) <u>F.</u> | | c. (Last) <u>CAYLOR</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 11 1950</u> | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>MAY 24-1887</u> | | 9. AGE (In years last birthday) <u>63</u> | IF UNDER 1 YEAR Months <u>6</u> Days <u>17</u> | IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Mechanic</u> | | 11. BIRTHPLACE (State or foreign country) <u>Joplin Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |
| 13a. FATHER'S NAME <u>UNKNOWN</u> | | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | | 14. NAME OF HUSBAND OR WIFE <u>MARY ETTE CAYLOR</u> | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>NO</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mary Etta Caylor</u> | | ADDRESS <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, ashenia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>apoplexy cerebral</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 DAYS.</u> |
| | | | | ANTECEDENT CAUSES Morbid 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. <u>Horner's Syndrome</u> | | 3 34x | | |
| 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) (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 <u>2-19</u> , 19 <u>49</u> , to <u>Dec 11</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec 10</u> , 19 <u>50</u> , and that death occurred at <u>7:30</u> pm., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Melvin M. Lellough D.O.H.</u> | | | | 23b. ADDRESS <u>Law Bk Bldg. Neosho Mo</u> | | 23c. DATE SIGNED <u>12-15-50</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>12-13-50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood CEM.</u> | | 24d. LOCATION (City, town, or county) (State) <u>7 miles west Neosho</u> | | | |
| DATE REC'D BY LOCAL REG. <u>Dec 24 1950</u> | | REGISTRAR'S SIGNATURE <u>M. L. Young</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>CLARK-BIGHAM</u> | | ADDRESS <u>Neosho.</u> | | |

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

1730
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21

RECEIVED

District Health Officer No. Newton Co. Health Dept.

District File Number 151-1

Date Filed 1/3/51

Rec'd 12/27/50

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 H. Ly - 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.