

732  
S. No. 300  
V. 10.48

FILED MAR 28 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9419

State File No. ....

BIRTH NO. 16860-51 REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 27

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEOSHO</u> <u>0732</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SALE MEMORIAL HOSP.</u>		d. STREET ADDRESS (If rural, give location) <u>336 W. COLER ST.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHNNIE</u> b. (Middle) <u>KAYE</u> c. (Last) <u>MESSER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 13. 1951</u>					
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE (U)</u>	8. DATE OF BIRTH <u>MARCH 10. 1951</u>	9. AGE (In years last birthday) <u>3</u>	IF UNDER 1 YEAR <u>3</u> Months	IF UNDER 24 HRS. <u>0</u> Days	IF UNDER 1 HR. <u>0</u> Hours	IF UNDER 1 MIN. <u>0</u> Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</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>TROY L. MESSER</u>	13b. MOTHER'S MAIDEN NAME <u>IDA JENNINGS</u>	14. NAME OF HUSBAND OR WIFE
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>TROY L. MESSER</u> ADDRESS <u>NEOSHO MO.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>776X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature</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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Mar 10, 1951, to Mar 13, 1951, that I last saw the deceased alive on Mar 12, 1951, and that death occurred at 11:20 m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>Neosho, Mo.</u>	23c. DATE SIGNED <u>Mar 17, 51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL U</u>	24b. DATE <u>3-14-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GIBSON</u>	24d. LOCATION (City, town, or county) (State) <u>NEOSHO MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>March 17, 1951</u>	REGISTRAR'S SIGNATURE <u>223 Melvin C. Bonmar</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Corley Thompson</u> ADDRESS <u>Neosho, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

**RECEIVED**

District Health Officer No. Newton Co. Health Dept.  
District File Number 351-75  
Date Filed 3/23/51

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed R. Kenneth Patterson

Licensed Embalmer No. 4697

P. O. Address Greene, 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.