

FILED APR 18 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13371

1732  
1

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

BIRTH NO. _____		REG. DIST. NO. <u>245</u>		PRIMARY REG. DIST. NO. <u>3047</u>		Registrar's No. <u>37</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>Neosho</u>		c. LENGTH OF STAY (In this place) <u>All Life</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>501 W. Hill St.</u>				d. STREET ADDRESS (If rural, give location) <u>501 W. Hill St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Lee</u> c. (Last) <u>England</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 1 1951</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>Sept. 14-1905</u>	
9. AGE (In years, Months, Days) <u>45 6 17</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Monument wks. mgr.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Monument wks.</u>		11. BIRTHPLACE (State or foreign country) <u>Neosho, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>James England</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Hendrey</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel England</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) <u>Yes World W. #2</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Ethel England</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>White Coronary Thrombosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>11 days</u>
		2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____					
		3. 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"/>
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? <u>4201</u>			
22. I hereby certify that I attended the deceased from <u>Mar. 27, 1951</u> , to <u>April 1, 1951</u> , that I last saw the deceased alive on <u>Mar. 28, 1951</u> , and that death occurred at <u>4:10 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C. E. Maness M.D.</u>				23b. ADDRESS <u>Neosho Mo.</u>		23c. DATE SIGNED <u>April 3-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>April 3-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Neosho, Mo.</u>	
DATE RECD BY LOCAL REG. <u>April 4, 1951</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bonhomme</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark Bigham Mort.</u>		ADDRESS <u>Neosho Mo.</u>	

RECEIVED

District Health Officer No. Newton Co. Health  
District File Number 451-88 Dept.  
Date Filed 4/11/51

APR 10 1951

MAY 8 1951

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.....

HAROLD D. GIBSON

working under my personal supervision.

Student Embalmer No. 424

Signed H. D. Gibson  
Student Embalmer

Signed R. G. White

Licensed Embalmer No. 4240

P. O. Address News Co, 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.