

FILED MAY 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13375
Registrar's No. 47

BIRTH NO. _____		REG. DIST. NO. <u>245</u>		PRIMARY REG. DIST. NO. <u>3042</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 OR TOWN <u>Neosho</u>		c. LENGTH OF STAY (in this place) <u>32 yrs</u>	c. CITY OR TOWN <u>Neosho</u>		d. STREET ADDRESS <u>1024 So. Lafayette</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1024 So. Lafayette</u>			d. STREET ADDRESS (If rural, give location) <u>1024 So. Lafayette</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u>			b. (Middle) <u>Mills</u>		c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) <u>April 17 1951</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>MAR. 8 - 1857</u>	9. AGE (in years last birthday) <u>94</u>	10. IF UNDER 1 YEAR Months <u>1</u> Days <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Moniteau Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</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</u>		16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Cleveland Mills</u>		ADDRESS <u>Neosho</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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Former stroke 3 years ago</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		35'2 X
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>4/10/51</u> , 19 <u>51</u> , to <u>4/17/51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4/16/51</u> , 19 <u>51</u> , and that death occurred at <u>7:27 AM.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>R. L. Lawson MD</u> (Degree or title)			23b. ADDRESS <u>Neosho Mo</u>		23c. DATE SIGNED <u>4/18/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-19-51</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 REC'D BY LOCAL REG. <u>April 21, 1951</u>	REGISTRAR'S SIGNATURE <u>William C. Bommers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark-Bigham Mort.</u>		ADDRESS <u>Neosho Mo.</u>

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

732

RECEIVED

District Health Officer No. Newton Co. H.D.

District File Number 551-112

Date Filed 5/2/51

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 _____

HAROLD D. GIBSON

Student Embalmer No. 424

working under my personal supervision.

Student H. D. Gibson
Student Embalmer

Signed H. D. Gibson

Licensed Embalmer No. 4240

P. O. Address Newark, N.J.

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.