

STANDARD CERTIFICATE OF DEATH

730
3

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

BIRTH NO. _____ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 5836 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE <u>TEXAS</u> b. COUNTY <u>ERBIAH</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STEPHENVILLE 8420</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEOSHO, IWP.</u>		d. STREET ADDRESS (If rural, give location) <u>8</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MINNIE</u> b. (Middle) <u>EMIL</u> c. (Last) <u>COLVIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 10. 1951</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>9</u>	8. DATE OF BIRTH <u>JUNE 14. 1883</u>
9. AGE (In years last birthday) <u>67</u> 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		11. BIRTHPLACE (State or foreign country) <u>JEFFERSON MISS.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>JAMES COHRON</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN TAYLOR</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
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>FRONTAL SKULL FRACTURE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>281 66</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>073</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S. Highway 60</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Newton County Missouri</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-10-51 5:45 P. m.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto Collision</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased <u>alive on 6-10, 1951</u> , and that death occurred at <u>5:45 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Corley Thompson</u>		23b. ADDRESS <u>Neosho Missouri</u>	
23c. DATE SIGNED <u>6/11/51</u>			
24a. BURIAL / CREMATION REMOVAL (Specify) <u>REMOVED</u>		24b. DATE <u>6-11-1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>STAMFORD TEXAS</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>June 14, 1951</u>		REGISTRAR'S SIGNATURE <u>W. W. Melvin C. Bonman</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Corley Thompson Jr.</u>		ADDRESS <u>Neosho Mo</u>	

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 651-151

Date Filed 6/27/57

NEOSHO, MISSOURI

JUN 27 1957

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 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.