U.S. No. 300
Rev. 10.48

FILED JUL 30 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23852

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 89

0732

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Neosho
c. LENGTH OF STAY (In this place): All Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 502 So. Jefferson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Neosho 0732
d. STREET ADDRESS (If rural, give location): 502 So. Jefferson

3. NAME OF DECEASED (Type or Print)
a. (First): Will
b. (Middle): (Last): Schumaker

4. DATE OF DEATH (Month) (Day) (Year): July 19 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, ~~NEVER MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): married
8. DATE OF BIRTH: 4-9-1878
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 3, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Neosho, Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Henry Schumaker
13b. MOTHER'S MAIDEN NAME: Marie Rohers
14. NAME OF HUSBAND OR WIFE: Cornelia Schumaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Cornelia Schumaker — ADDRESS: Neosho, Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lympho Sarcoma Tonsils — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) Lymphotic Leukemia

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: 1981
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1949, to July 19, 1951, that I last saw the deceased alive on July 18, 1951, and that death occurred at 7:30 a.m., from the causes and on the date stated above.*

23a. SIGNATURE: R. C. Lawson (Degree or title) M.D.
23b. ADDRESS: Neosho Mo
23c. DATE SIGNED: 7/20/51

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): Burial
24b. DATE: 7-22-51
24c. NAME OF CEMETERY OR CREMATORY: Masidona Cem
24d. LOCATION (City, town, or county): Stella (State) Mo

DATE REC'D BY LOCAL REG.: July 20, 1951
REGISTRAR'S SIGNATURE: Melvin C. Bowman 223
25. FUNERAL DIRECTOR'S SIGNATURE: Clark-Bigham Mort. — ADDRESS: Neosho Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

NEWTON COUNTY HEALTH UNIT

RECEIVED

District Health Officer No. _____

District File Number 951-176

Date Filed 9-25-51

NEOSHO, MISSOURI

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 Kirby-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.