

FILED AUG 20 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 27732

BIRTH NO. _____		REG. DIST. NO. 245		PRIMARY REG. DIST. NO. 3-836		Registrar's No. 96	
1. PLACE OF DEATH a. COUNTY <b>NEWTON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>NEWTON</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>R#5 Neosho</b>		c. LENGTH OF STAY (In this place) <b>60 YRS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>R. R # 5 Neosho</b>		0730	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R#5 Neosho</b>				d. STREET ADDRESS (If rural, give location) <b>R. R # 5 Neosho</b>			
3. NAME OF DECEASED a. (First) <b>MARY</b>			b. (Middle) <b>Ethel</b>		c. (Last) <b>ERSKIN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>AUG 5 1951</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>JUNE 9 1890</b>		9. AGE (In years last birthday) <b>61</b>	IF UNDER 1 YEAR Months <b>1</b>	IF UNDER 6 HRS. Days <b>26</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housekeeping</b>		11. BIRTHPLACE (State or foreign country) <b>Decatur Ark.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JAMES CARPENTER</b>			13b. MOTHER'S MAIDEN NAME <b>ANNA GRINNEN</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased.</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NO</b>		17. INFORMANT'S SIGNATURE OR NAME <b>NORLA N. MARBLE Neosho, Mo</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>A stroke about 2 months ago</b> DUE TO (c) <b>A Congenital cerebral bleed injury</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertension</b>				INTERVAL BETWEEN ONSET AND DEATH <b>8 hours</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>334X</b>				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)		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 <b>June 1, 1951</b> to <b>Aug 5, 1951</b> , that I last saw the deceased alive on <b>June 1, 1951</b> , and that death occurred at <b>6:45 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>R. L. Larson MD</b>				23b. ADDRESS <b>Neosho Mo</b>		23c. DATE SIGNED <b>8/5/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>AUG 8, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>KINNEY CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>R#5 Neosho, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Aug 9, 1951</b>		REGISTRAR'S SIGNATURE <b>William G. Bowman</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>CLARK-BIGHAM MORTUARY</b>			

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

2730  
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RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. \_\_\_\_\_

District File Number 851-193

Date Filed 8-15-51

NEOSHO, MISSOURI

Aug 22 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 H. Ly - 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.