

FILED OCT 8 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30930

BIRTH NO. _____		REG. DIST. NO. <u>245</u>		PRIMARY REG. DIST. NO. <u>3047</u>		Registrar's No. <u>107</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)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u>		0732	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>642 Baxter St.</u>				d. STREET ADDRESS (If rural, give location) <u>642 Baxter St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTHA ANN</u> b. (Middle) <u>LAND</u> c. (Last) <u>LAND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 16 1951</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JAN. 18 1868</u>	
9. AGE (in years last birthday) <u>83</u>		10. 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>OWN HOME</u>		11. BIRTHPLACE (State or foreign country) <u>Estil Co. Kentucky</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>HIRAM METCALF</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN GABGARD</u>		14. NAME OF HUSBAND OR WIFE <u>ANDREW J. LAND</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or date of service) <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>H. J. LAND, NEOSHO Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis with Arterial thrombosis, left popliteal artery with aneurysm</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Probable intra abdominal malignancy</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1631</u>					
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) (Min.)		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>May</u> , 19 <u>47</u> , to <u>Sept 16</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Sept 16</u> , 19 <u>51</u> , and that death occurred at <u>2:20 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Harold C. Hunt</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Neosho Mo.</u>		23c. DATE SIGNED <u>9-28-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-18-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>L.O.O.F.</u>		24d. LOCATION (City, town, or county) (State) <u>Neosho, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 29, 1951</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Barron</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carley Thompson</u>		ADDRESS <u>Neosho, Mo.</u>	

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

732

**RECEIVED**

District Health Officer No. NEWTON COUNTY HEALTH UNIT

District File Number LC 51-219

Date Filed OCT 5 1951

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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed

*R. Kenneth Patterson*

Signed.....  
Student Embalmer

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.