

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

34473

State File No. _____
 Registrar's No. 4

FILED OCT 30 1951

BIRTH NO. _____ REG. DIST. NO. 244 PRIMARY REG. DIST. NO. 8834

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 (If outside corporate limits, write RURAL and give township) <u>Neosho</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rte #5</u>		d. STREET ADDRESS (If rural, give location) <u>Rte #5</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>H.</u> c. (Last) <u>Hough</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 13 1951</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>May 24, 1868</u>	9. AGE (In years last birthday) <u>83</u> <small>IF UNDER 1 YEAR: Months Days</small> <small>IF UNDER 6 WEEKS: Hours Mins.</small>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie</u>	
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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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Hough</u> ADDRESS <u>R#5 Neosho</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4-5 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lower Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic prostat gland prolat with daily cystitis for 9 years</u> DUE TO (c) <u>Former abscess of prostate not purged</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>chronic myocarditis</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from Oct 12, 1951, to Oct 13, 1951, that I last saw the deceased alive on Oct 12, 1951, and that death occurred at 10:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. J. Lemson</u> (Degree or title) _____	23b. ADDRESS <u>Neosho Mo</u>	23c. DATE SIGNED <u>10/16/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Oct 16-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Diamond Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Newton Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Oct 17-1951</u>	REGISTRAR'S SIGNATURE <u>Mrs. Allie Parnell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark-Bigham</u> ADDRESS <u>Neosho Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0730
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RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH UNIT

District File Number 1051-335

Date Filed October 22-1951

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 _____

HAROLD D. GIBSON

working under my personal supervision.

Student Embalmer No. 424

Signed H. D. Gibson
Student Embalmer

Signed H. G. 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.