S. No. 300
v. 10.48

FILED JUN 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17346

State File No.

BIRTH NO. REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 59

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):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 810 So. College

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
d. STREET ADDRESS (If rural, give location): 810 So. College

3. NAME OF DECEASED (Type or Print)
a. (First): Alton
b. (Middle): Durrell
c. (Last): McNabb

4. DATE OF DEATH (Month) (Day) (Year): May 23. 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 3, 1907
9. AGE (In years last birthday): 44
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Life Insurance
11. BIRTHPLACE (State or foreign country): Neosho Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Alton Rance McNabb
13b. MOTHER'S MAIDEN NAME: Alta Condon
14. NAME OF HUSBAND OR WIFE: Violet McNabb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War 2
16. SOCIAL SECURITY NO.: 486-05-9755
17. INFORMANT'S SIGNATURE OR NAME: Violet McNabb
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) Self inflicted gun shot
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Wound in Chest.
DUE TO (c) E976X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 20 Ga. Shot Gun.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Neosho Newton Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 5-23-1952 3 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Self inflicted Shot Gun wound.

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 3:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Corley Thompson (Degree or title) Coroner
23b. ADDRESS: Neosho Missouri
23c. DATE SIGNED: 5/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-26-1952
24c. NAME OF CEMETERY OR CREMATORY: Neosho I.O.O.F.
24d. LOCATION (City, town, or county) (State): Neosho Missouri

DATE REC'D BY LOCAL REG.: May 26-52
REGISTRAR'S SIGNATURE: Melvin C. Bowman M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Corley Thompson Jr.
ADDRESS: Neosho Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. ~~NEWTON~~ COUNTY HEALTH UNIT

District File Number 1952 652-102

Date Filed JUN 4 1952

NEOSHO, MISSOURI

JUN 11 1952

APR 10 1953

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 ....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Robert L. Souter

Licensed Embalmer No. 4782

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.