

FILED JUN 9 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17347

BIRTH NO.		REG. DIST. NO. 245	PRIMARY REG. DIST. NO. 3047	Registrar's No. 60	
1. PLACE OF DEATH a. COUNTY NEWTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY NEWTON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho		c. LENGTH OF STAY (in this place) 10 YRS			
d. FULL NAME OF HOSPITAL OR INSTITUTION Sales Memorial		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho, Mo. 0732			
		d. STREET ADDRESS (If rural, give location) 305 W. SPRING			
3. NAME OF DECEASED (Type or Print) HARRY		a. (First) H	b. (Middle) A	c. (Last) MACK	
4. DATE OF DEATH (Month) (Day) (Year) MAY 27 1952		5. SEX 0 Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH June 28, 1882		9. AGE (In years last birthday) Months Days 69 10 29	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Clerk		10b. KIND OF BUSINESS OR INDUSTRY Hotel Clerk		11. BIRTHPLACE (City and State or Foreign Country) Humansville Mo	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME W. W. MACK		13b. MOTHER'S MAIDEN NAME Sallie Henson	
14. NAME OF HUSBAND OR WIFE GRACE		15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO	
17. INFORMANT'S SIGNATURE OR NAME Grace Mack		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSION DUE TO (c) ARTERIO SCLEROSIS II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 8 HOURS 10 YEARS 10 YEARS	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 8 PM 26 MAY 1952 to 27 MAY 1952, that I last saw the deceased alive on 27 MAY 1952, and that death occurred at 5:00 A.M., from the causes and on the date stated above.					
23a. SIGNATURE E. J. Dayka		(Degree or title) M.D.		23b. ADDRESS Neosho Mo	
23c. DATE SIGNED 27 May 52		24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE MAY 29 52	
24c. NAME OF CEMETERY OR CREMATORY Humansville Cem		24d. LOCATION (City, town, or county) (State) NEAR HUMANSVILLE MO.			
DATE REC'D BY LOCAL REG. 5-28-52		REGISTRAR'S SIGNATURE Melvin C. Bowman		25. FUNERAL DIRECTOR'S SIGNATURE M. D. C. CLARK-BIGHAM	
				ADDRESS Neosho	

(Licensed Embalmer's Statement on Reverse Side)

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

**RECEIVED**

District Health Officer No. ~~4-1110~~ **NEWTON COUNTY HEALTH UNIT**  
District File Number 65-1-106  
Date Filed JUN 4 1952

**NEOSHO, MISSOURI**

**JAN 19 1952**

**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 Jesse O. Sullivan, Jr.

Licensed Embalmer No. 4646

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.