No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17349

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 49

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): 723 OAKRIDGE DRIVE

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): 723 OAKRIDGE DRIVE

3. NAME OF DECEASED (Type or Print)
a. (First): VIOLET
b. (Middle):
c. (Last): SPENCER

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

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: DEC. 5. 1882

9. AGE (In years last birthday): 69
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): AT HOME

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): GOODMAN MISSOURI

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: WILLIAM R. CORNELISON

13b. MOTHER'S MAIDEN NAME: MARY JANE HARVEY

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): NONE

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S SIGNATURE OR NAME: Bla Spencer
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): Leukemia - Acute lymphocytic — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 2040

20. AUTOPSY? YES ☐ NO ☐

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) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* JAN, 1952, *to* 4 May, 1952, *that I last saw the deceased alive on* 2 May, 1952 *and that death occurred at* 2:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. Taylor (Degree or title): MD

23b. ADDRESS: Neosho Mo

23c. DATE SIGNED: 8 May 52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIED

24b. DATE: 5-6-1952

24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F.

24d. LOCATION (City, town, or county) (State): NEOSHO MISSOURI

DATE REC'D BY LOCAL REG.: 5-9-52

REGISTRAR'S SIGNATURE: Melvin C. Bowman M.D.

25. FUNERAL DIRECTOR'S SIGNATURE: Corly Thompson Jr.
ADDRESS: Neosho Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 222-85
District Registrar No.
Date Filed MAR 16 1952

NEWTON COUNTY HEALTH UNIT
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 ....., Student Embalmer No. .....,
working under my personal supervision.

Student .....
Student Embalmer

Signed Carley Thompson Jr.
Licensed Embalmer No. 4861
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.