

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28863**

SEP 4 - 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **5836** Registrar's No. **89**

1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>	
b. CITY OR TOWN <b>Rural</b>		c. CITY OR TOWN <b>Rural</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>Neosho Twp.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Neosho Twp.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Linda</b> b. (Middle) <b>Lou</b> c. (Last) <b>Jeffery</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 20, 1952</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	
8. DATE OF BIRTH <b>Feb. 2, 1946</b>		9. AGE (In years last birthday) <b>6</b>		10. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Newton County Missouri</b>	

13a. FATHER'S NAME <b>Raymond Jeffery</b>		13b. MOTHER'S MAIDEN NAME <b>Bessie Sorenson</b>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Raymond Jeffery, Neosho Missouri</b>	
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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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>gun shot wound</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>entering left side puncture</b> DUE TO (c) <b>left lung - liver, spine</b> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>and aorta lodged in 6<sup>th</sup> rib right.</b>				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>E9190 19</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>at home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Neosho 073 Newton MO</b>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Aug 20 1952 3:30</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>children playing with 2 rifle</b>	
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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 2:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Melvin M. Cullough D.O.</b>		23b. ADDRESS <b>Law. Bk. Bldg. Neosho Mo</b>		23c. DATE SIGNED <b>8-22-52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8/22/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Gibson</b>	
				24d. LOCATION (City, town, or county) (State) <b>Newton County Missouri</b>	

DATE REC'D BY LOCAL REG. <b>8-30-52</b>		REGISTRAR'S SIGNATURE <b>Melvin C. Bowman</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Orley Thompson Sr.</b>	
		223-0		ADDRESS <b>Neosho Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. \_\_\_\_\_

District File Number 952-153

Date Filed SEP 2 1952

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 \_\_\_\_\_

*Ray Adams*

Student Embalmer No. 474

working under my personal supervision.

Student *Ray Adams*  
Student Embalmer

Signed *Corey Thompson Sr.*

Licensed Embalmer No. 3259

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.