

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42954**

FILED DEC 17 1952

BIRTH NO. _____		REG. DIST. NO. <u>245</u>		PRIMARY REG. DIST. NO. <u>5836</u>		Registrar's No. <u>127</u>	
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 RURAL - NEOSHO		c. LENGTH OF STAY (in this place) YRS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - SHO NEOSHO TOWNSHIP			
d. FULL NAME OF HOSPITAL OR INSTITUTION RT.#1 NEOSHO, MO.				d. STREET ADDRESS (If rural, give location) RT.#1 NEOSHO, MISSOURI 0730			
3. NAME OF DECEASED (Type or Print) a. (First) MARY		b. (Middle) MARGARET		c. (Last) WEST		4. DATE OF DEATH (Month) (Day) (Year) DEC 6 1952	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH NOV. 4 1866		9. AGE (In years last birthday) 86 if under 1 year Months Days if under 24 hrs. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (City and State or Foreign Country) VERNON COUNTY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME ANDREW GUINN			13b. MOTHER'S MAIDEN NAME JOSEPHINE ARMSTRONG			14. NAME OF HUSBAND OR WIFE UNK	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. UNK		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. FLOYD MOFFET RT.#1 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cholecystitis, Infectious 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 Senility 585x Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 WEEKS	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>12-1</u> , 19 <u>52</u> , to <u>12-6</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12-6</u> , 19 <u>52</u> , and that death occurred at <u>9:00 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE Melvin C. Pullough D.D. (Degree or title)				23b. ADDRESS Law. Bk. Bldg. Neosho, Mo		23c. DATE SIGNED 12-9-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-9-52		24c. NAME OF CEMETERY OR CREMATORY HORNET CEMETERY		24d. LOCATION (City, town, or county) (State) HORNET, MISSOURI	
DATE REC'D BY LOCAL REG. 12-9-52		REGISTRAR'S SIGNATURE Melvin C. Bourman M.D.		25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY		ADDRESS JOPLIN, MO.	

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

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RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 1252-282

Date Filed DEC 16 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.