

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2331**

FILED FEB 9 1953

105 Cullough 0732

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

BIRTH NO. _____		REG. DIST. NO. <b>245</b>		PRIMARY REG. DIST. NO. <b>3047</b>		Registrar's No. <b>11</b>	
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 (If outside corporate limits, write RURAL and give township) <b>Neosho</b>		c. LENGTH OF STAY (in this place)		c. CITY (if outside corporate limits, write RURAL and give township) <b>RURAL</b>		OR TOWN <b>0730</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>916 Young St.</b>				d. STREET ADDRESS (If rural, give location) <b>Neosho P.F.D. #23001</b>			
3. NAME OF DECEASED (Type or Print) <b>ANNA MARGARET</b>		a. (First)		b. (Middle)		c. (Last) <b>YOUNG</b>	
4. DATE OF DEATH <b>JAN. 10. 1953</b>		5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	
8. DATE OF BIRTH <b>JAN. 22. 1875</b>		9. AGE (In years last birthday) <b>76</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>OWN HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>MARION CENTER. PENN.</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>WILLIAM CLYDE</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN HENSLEY</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE AND NAME ADDRESS <b>JOHN W. YOUNG Neosho Mo.</b>			
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) <b>BUBBAR apoplexy</b> ANTECEDENT CAUSES Morbidity 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.				INTERVAL BETWEEN ONSET AND DEATH <b>3 DAYS</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>334X</b>				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) (Min.)		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 <b>Jan 7</b> , 1953, to <b>Jan 10</b> , 1953, that I last saw the deceased alive on <b>3:30 P.M. 1953</b> , and that death occurred at <b>3:30 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Melvin C. Cullough D.O.</b>				23b. ADDRESS <b>Law. Bk Bldg. Neosho Mo</b>		23c. DATE SIGNED <b>1/28/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>1-12-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>DAKWOOD</b>		24d. LOCATION (City, town, or county) (State) <b>NEWTON Co. Missouri</b>	
DATE REC'D BY LOCAL REG. <b>131-53</b>		REGISTRAR'S SIGNATURE <b>Melvin C. Cullough MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Earl Thompson Neosho Mo.</b>			

**RECEIVED**

District Health Officer No. NEWTON COUNTY HEALTH UNIT  
District File Number 253-26  
Date Filed 2-4-53

**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 Barby Thompson

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.