

No. 300
10.48

STANDARD CERTIFICATE OF DEATH

State File No. **10745**

FILED APR 1 1953

BIRTH NO. _____ REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **3047** Registrar's No. **33**

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho 0732	
d. FULL NAME OF HOSPITAL OR INSTITUTION 390 W. Coler		d. STREET ADDRESS (If rural, give location) 330 W. Coler	

3. NAME OF DECEASED (Type or Print) a. (First) TROY b. (Middle) LEE c. (Last) MESSER			4. DATE OF DEATH (Month) (Day) (Year) March 17, 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Nov. 4, 1903		9. AGE (to years last birthday) 49		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 10 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY _____		
11. BIRTHPLACE (City and State or Foreign Country) Neosho, Missouri				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME William C. Messer		13b. MOTHER'S MAIDEN NAME Mary E. Bradley		14. NAME OF HUSBAND OR WIFE Ida Belle Messer	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes; 1922-1924		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ida Belle Messer Neosho, Mo.	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Tuberculosis of Lungs</i> <i>Prostate and gastrointestinal tract</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 002X			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 **Mar 1, 1948**, to **Mar 17, 1953**, that I last saw the deceased alive on **Mar 17, 1953** and that death occurred at **8:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul C. Davis M.D.		23b. ADDRESS Neosho Mo.		23c. DATE SIGNED 3/20/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-18-53		24c. NAME OF CEMETERY OR CREMATORY Gibson Cemetery		24d. LOCATION (City, town, or county) (State) Neosho, Missouri	
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DATE REC'D BY LOCAL REG. 3-23-53		REGISTRAR'S SIGNATURE Melvin C. Bourman M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lonely Thompson Neosho, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED

NEWHO

UNIT

District Health Officer No.

District File Number

353-63

Date Filed

MAR 31 1953

NEOSHO, MISSOURI

MAR 27 1953

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 Corley Thompson, Jr.

Licensed Embalmer No. 4869

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.