

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10746**

FILED APR 10 1953

BIRTH NO. _____ REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **3047** Registrar's No. **37**

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

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	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 539 East Spring St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sales Memorial Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Mattie	b. (Middle)	c. (Last) Rhine	4. DATE OF DEATH (Month) (Day) (Year) March 28 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-22-1909	9. AGE (In years) (Months) (Days) (Hours) (Min.) last birthday 43 1 6
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and State or Foreign Country) Neosho, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Calvin Snow	13b. MOTHER'S MAIDEN NAME Rose Etta Wallace	14. NAME OF HUSBAND OR WIFE Herman Rhine
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Herman Rhine Neosho, Missouri.
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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		INTERVAL BETWEEN ONSET AND DEATH 2 YEARS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma cervix		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma Cervix 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 171X	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1951**, 19___, to **28 March, 1953**, that I last saw the deceased alive on **28 March, 1953**, and that death occurred at **7:30 AM.**, from the causes and on the date stated above.

23a. SIGNATURE T. Taylor M.D.	(Degree or title)	23b. ADDRESS Neosho Mo.	23c. DATE SIGNED 28 March 53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-31-53	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. 3-30-53	REGISTRAR'S SIGNATURE Melvin C. Bowman M.D.	223-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clark-Bigham Mortuary Neosho, Mo.
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RECEIVED

District Health Officer No. **NEWTON COUNTY HEALTH UNIT**
Phone & File Number **453-79**
Date Filed **4-6-53**

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 Jesse O. Sullivan, Jr.
Licensed Embalmer No. 4646

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.