S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15092

FILED MAY 12 1953 23250

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 42

1732 C

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Neosho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sale Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oklahoma
b. COUNTY: Ottawa
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wyandotte 8350
d. STREET ADDRESS (If rural, give location): 8

3. NAME OF DECEASED (Type or Print)
a. (First): No name
b. (Middle):
c. (Last): Hollis

4. DATE OF DEATH (Month) (Day) (Year): April 24, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): --
8. DATE OF BIRTH: 4-24-1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: IF UNDER 24 HRS. Hours: 1 Min.: 55

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Neosho, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: B. D. Hollis
13b. MOTHER'S MAIDEN NAME: Eren Edna Sherley
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):
16. SOCIAL SECURITY NO.: - -
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. B. D. Hollis, Wyandotte, Oklahoma

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) Premature. Placenta praevia. — INTERVAL BETWEEN ONSET AND DEATH: Less than 2 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) 7615

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
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-24-53, *19*____, *to* 4-24-53, *19*____, *that I last saw the deceased alive on* 4-24-53, *19*____, *and that death occurred at* 5:30 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Mellvin C. Bowman M.D.
23b. ADDRESS: Neosho, Missouri
23c. DATE SIGNED: 4-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4-24-53
24c. NAME OF CEMETERY OR CREMATORY: Fairland Cemetery
24d. LOCATION (City, town, or county) (State): Fairland, Oklahoma

DATE REC'D BY LOCAL REG.: 4-27-53
REGISTRAR'S SIGNATURE: 223-9 Mellvin C Bowman M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Cooper Funeral Home, Miami, Oklahoma.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. _____

District File Number 253-99

Date Filed MAY-11-1953

NEWTON COUNTY HEALTH UNIT

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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.