No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 28 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15102

State File No.

BIRTH NO. REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5836 Registrar's No. 39

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL Neosho Twp.
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): Smith Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Neosho 0732
d. STREET ADDRESS (If rural, give location): Commercial St. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Eliza
b. (Middle): Gibson
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Mar. 23. 1953

5. SEX: Fem. 3

6. COLOR OR RACE: Black

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Unknown 1891

9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laundress

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (City and State or Foreign Country): Texas 1

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Charley Bell

13b. MOTHER'S MAIDEN NAME: Mary Armstrong

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Addie Clark Salina Kansas

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) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 8 Months

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 *Conditions contributing to the death but not related to the disease or condition causing death.* General Dehydration

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 151X

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* June 25, 1952, *to* 3-23, 1953, *that I last saw the deceased alive on* 3-23, 1953, *and that death occurred at* 9. P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Melvin McCullough D.O.

23b. ADDRESS: Sav. Bk Bldg. Neosho Mo

23c. DATE SIGNED: 3/28/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3-30-1953

24c. NAME OF CEMETERY OR CREMATORY: Pleasant Hill

24d. LOCATION (City, town, or county) (State): Newton Co. Missouri

DATE REC'D BY LOCAL REG.: 4-9-53

REGISTRAR'S SIGNATURE: Melvin C. Bowman M.D.

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Cody Thompson & Owen

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. _____

District File No. 453-91

Date Filed APR 27 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 _____, Student Embalmer No. 474, working under my personal supervision.

Student Ray L. Adams
Student Embalmer

Signed Leroy Thompson Jr.

Licensed Embalmer No. 446

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.