

STANDARD CERTIFICATE OF DEATH

FILED MAY 26 1953

BIRTH NO. REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 47

1372

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) 502 West Coler St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sale Memorial Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) C. c. (Last) Embrey		4. DATE OF DEATH (Month) (Day) (Year) May 7 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-15-1898
9. AGE (In years last birthday) 54		IF UNDER 1 YEAR 7 Months 22 Days	IF UNDER 24 HRS. 0 Hours 0 Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cafe Operator		10b. KIND OF BUSINESS OR INDUSTRY Cafe Owner	11. BIRTHPLACE (City and State or Foreign Country) Fairview, Missouri
			12. CITIZEN OF WHAT COUNTRY? U.S. A.

13a. FATHER'S NAME Harlin G. Embrey	13b. MOTHER'S MAIDEN NAME Maggie Hoone	14. NAME OF HUSBAND OR WIFE Edna Embrey
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.
17. INFORMANT'S SIGNATURE OR NAME Edna Embrey ADDRESS Neosho, Mo.		

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	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) (m.)	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 5-12, 1951, to May 7, 1953, that I last saw the deceased alive on May 7, 1953, and that death occurred at 1:25 Am. from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS Neosho Mo	23c. DATE SIGNED May 13
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-10-1953	24c. NAME OF CEMETERY OR CREMATORY Dice Cemetery	24d. LOCATION (City, town, or county) (State) Fairview, Missouri.
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DATE REC'D BY LOCAL REG. 5-13-53	REGISTRAR'S SIGNATURE 223- Melvin C. Bowman MD	25. FUNERAL DIRECTOR'S SIGNATURE Clark-Bigham ADDRESS Mortuary Neosho, Mo.
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RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____
District _____ 152-109
Date Filed 5-25-53

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 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.