

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 13 1953

| | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------|--|-------------------------------------------------------------------------------------|--|
| BIRTH NO. | | REG. DIST. NO. <u>354</u> | | PRIMARY REG. DIST. NO. <u>6199</u> | | Registrar's No. <u>60</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>TEXAS</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> | | | | b. COUNTY <u>TEXAS</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLINTON Twp.</u> | | c. LENGTH OF STAY (in this place) <u>30 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLINTON, Twp.</u> | | d. STREET ADDRESS (If rural, give location) <u>1070 0</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>ELLEN</u> c. (Last) <u>NEIGHBORS</u> | | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 28-53</u> | | | | | |
| 5. SEX <u>F</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | | 8. DATE OF BIRTH <u>JUNE 11, 1866</u> | | | |
| 9. AGE (In years last birthday) <u>87</u> | | IF UNDER 1 YEAR Months | | IF UNDER 1 YEAR Days | | IF UNDER 1 YEAR Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u> | | | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | | 13a. FATHER'S NAME <u>HAWKINS</u> | | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | | | |
| 14. NAME OF HUSBAND OR WIFE <u>unk</u> | | | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. O.D. Fry</u> | | | | ADDRESS | | | | | |
| 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) <u>Peritonitis</u> <u>Resection</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause: (a) stating the underlying cause last. DUE TO (b) <u>Strangulated Hernia</u> SPECIALLY DUE TO: (c) <u>none</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 Day</u> <u>3 days</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>5615</u> | | | | | | 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) | | 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 <u>4-10</u> , 19 <u>52</u> , to <u>6-27</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>6-27-53</u> , and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Type or Print) <u>J. A. Craig D.O.</u> | | 23b. ADDRESS (Degree or title) <u>Mountain Grove Mo</u> | | 23c. DATE SIGNED <u>7-3-53</u> | | | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>7-1-53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>GREENWOOD</u> | | 24d. LOCATION (City, town, or county) (State) <u>TEXAS Co. MO</u> | | | |
| DATE REC'D BY LOCAL REG. <u>7-6-53</u> | | REGISTRAR'S SIGNATURE <u>Gaynell Cunningham</u> 325-01 | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>James L. Seitz</u> ADDRESS <u>Carroll</u> | | | | | |

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.....
Student Embalmer

Signed James L. Gentry
Licensed Embalmer No. 4718

P. O. Address Calool, 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.