

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39817

State File No.

0730 / 1

BIRTH NOV 23 1953 REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5836 Registrar's No. 106

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) RURAL		c. CITY OR TOWN RURAL	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: NEOSHO TWP.		e. STREET ADDRESS (If rural, give location) NEOSHO RFD #1 0720 @	
3. NAME OF DECEASED a. (First) BOSSIE		b. (Middle) SEYIER	
c. (Last) COLSON		4. DATE OF DEATH (Month) (Day) (Year) Nov. 14, 1953	
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH Oct. 18, 75
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HORSE TRAINER		10b. KIND OF BUSINESS OR INDUSTRY SADDLE HORSES	11. BIRTHPLACE (City and State or Foreign Country) HENRY COUNTY MISSOURI
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME ARCHIBALD COLSON	
13b. MOTHER'S MAIDEN NAME MALISIA SEYIER		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) No		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Mrs. Glenn E. Knous - Clinton, 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 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
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 _____, 19____, to Nov. 14 , 19 53 that I last saw the deceased alive on _____, 19____, and that death occurred at 2:30 P. m., from the causes and on the date stated above.			
23a. SIGNATURE Barley Thompson Sr. Coroner (Degree or title)		23b. ADDRESS 307 E Main St Neosho Mo	23c. DATE SIGNED 11-17-53
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 11-17-1953	24c. NAME OF CEMETERY OR CREMATORY HOPEWELL	24d. LOCATION (City, town, or county) (State) CLINTON MISSOURI
DATE REC'D BY LOCAL REG. 11-17-53	REGISTRAR'S SIGNATURE Melvin C. Bowman	25. FUNERAL DIRECTOR'S SIGNATURE Barley Thompson Sr.	ADDRESS Neosho Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 1153-214

Date Filed NOV 20 1959

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 _____
Signature of Student Embalmer

Signed Cashy T. Thompson Jr.
Licensed Embalmer No. 4867

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.