

## STANDARD CERTIFICATE OF DEATH

State File No. **45140**

FILED JAN 18 1954

BIRTH NO.		REG. DIST. NO. <b>245</b>	PRIMARY REG. DIST. NO. <b>3047</b>	Registrar's No. <b>126</b>
1. PLACE OF DEATH a. COUNTY <b>NEWTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>NEWTON</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Neosho</b>		c. LENGTH OF STAY (in this place) <b>ALL LIFE</b>	c. CITY OR TOWN <b>Neosho</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home 1317 N. WALL STS</b>		e. STREET ADDRESS (If rural, give location) <b>1317 N. WALL ST</b>		
3. NAME OF DECEASED (Type or Print) <b>LILLIAN</b>		a. (First)	b. (Middle) <b>MURIEL</b>	c. (Last) <b>DeLANO</b>
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED</b>
8. DATE OF BIRTH <b>Nov 10 1908</b>		9. AGE (In years last birthday) <b>45</b>		IF UNDER 1 YEAR Months <b>1</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>House Keeping</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>MTT GROVE MO 0</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>GEORGE W. WATSON</b>		
13b. MOTHER'S MAIDEN NAME <b>Emily FUNK</b>		14. NAME OF HUSBAND OR WIFE <b>DIVORCED</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Melvin DeLANO</b>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Epidermoid carcinoma</b>		INTERVAL BETWEEN ONSET AND DEATH <b>13 MONTHS</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>of cervix</b> DUE TO (c) <b>Postirradiative Persistence</b>		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"/>
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) <b>171 X</b>
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 <b>11-20</b> , 19 <b>52</b> , to <b>12-14</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>12-14</b> , 19 <b>53</b> , and that death occurred at <b>3:15 P.M.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>Melvin M. Pugh</b>		23b. ADDRESS <b>Lawrence Bldg. Neosho Mo</b>		23c. DATE SIGNED <b>11/154</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>12-19-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>GIBSON</b>
24d. LOCATION (City, town, or county) (State) <b>NEAR Neosho</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>CLARK-BIGHAM</b>		
DATE REC'D BY LOCAL REG. <b>1-4-54</b>		REGISTRAR'S SIGNATURE <b>Melvin C. Bowman</b>		ADDRESS <b>Neosho</b>

(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 1253-236

Date Filed JAN 15 1954

**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 Jesse O. Sullivan, Jr.

Licensed Embalmer No. 4676

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.