

FILED APR 5 1954

STANDARD CERTIFICATE OF DEATH

State File No. **9496**

BIRTH NO. _____ REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **3047** Registrar's No. **30**

324

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. LENGTH OF STAY (in this place) 1 YR	c. CITY OR TOWN Neosho
d. FULL NAME OF HOSPITAL OR INSTITUTION Todd Rest Home		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> 0732	
		STREET ADDRESS (If rural, give location) 1013 N. College	

3. NAME OF DECEASED (Type or Print) a. (First) DOROTHY b. (Middle) IRENE c. (Last) JONES		4. DATE OF DEATH (Month) (Day) (Year) MARCH 14 1954	
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 1-22-1916
9. AGE (In years) (last birthday) 38 IF UNDER 1 YEAR Months 7 IF UNDER 4 HRS. Days 22 Hours Min.		10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
10b. KIND OF BUSINESS OR INDUSTRY Housekeeping		11. BIRTHPLACE (City and State or Foreign Country) BRONOCO MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME Lena Dell Tregger	14. NAME OF HUSBAND OR WIFE Divorced
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. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Jesse Pruitt 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 9 months 11 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cervix Epidermis Carcinoma		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) grade II 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 JUNE 3, 1953	19b. MAJOR FINDINGS OF OPERATION Carcinoma	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) 171 X
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 **JUNE 3, 1953**, to **3-14, 1954**, that I last saw the deceased alive on **3-14, 1954**, and that death occurred at **8:40 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Melvin M. Cullough	23b. ADDRESS Law Office, Neosho Mo	23c. DATE SIGNED 3-15-54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MARCH 16, 1954	24c. NAME OF CEMETERY OR CREMATORY KINNEY CEM
24d. LOCATION (City, town, or county) (State) 5 Mi N.W. Neosho	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CLARK BIGHAM MORT. Neosho.	
DATE REC'D BY LOCAL REG. 3-26-54	REGISTRAR'S SIGNATURE Melvin C. Bowman	

RECEIVED

District Health Officer No. _____ **NEWTON COUNTY HEALTH UNIT**
District File Number 454-54
Date Filed APR 2 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. Sullens, Jr.
Licensed Embalmer No. 464

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.