

FILED NOV 8 - 1954

STANDARD CERTIFICATE OF DEATH

State File No. 34722

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5836 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Oklahoma</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Route # 2</u>		c. LENGTH OF STAY (in this place) <u>5 Days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Of Parents</u>		e. CITY OR TOWN <u>Muskogee</u>	
		f. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) <u>Marianne</u>		c. (Last) <u>Sargent</u>	
a. (First)		b. (Middle)	
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 23 1954</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov 7, 1931</u>	
9. AGE (In years) (Month) (Day) (Hours) (Min.) <u>22 11 16</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Kirkville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>Ernest Israel</u>		13b. MOTHER'S MAIDEN NAME <u>Maribeth Gurley</u>	
14. NAME OF HUSBAND OR WIFE <u>Ray Sargent</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>Ernest Israel</u>		ADDRESS <u>Neosho, Mo</u>	
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>Lympho plactoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. 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 <u>2021</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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>10-20</u> , 19 <u>54</u> , to <u>10-23</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>10-23</u> , 19 <u>54</u> , and that death occurred at <u>10:30 A.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Harold C. Bentons</u>		23b. ADDRESS <u>Neosho Mo.</u>	
23c. DATE SIGNED <u>10-27-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10, 23, 54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Muskogee Oklahoma</u>	
DATE REC'D BY LOCAL REG. <u>10-27-54</u>		REGISTRAR'S SIGNATURE <u>Helvin C. Bowman</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Bradley-Hunter Funeral Home</u>		ADDRESS <u>Muskogee, Okla.</u>	

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

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH UNIT
District File Number 1154-222
Date Filed NOV 6 1954

NEOSHO, MISSOURI

NOV 12

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. 46

P. O. Address Neosho

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.