No. 300
10.48

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

FILED APR 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8945

State File No.

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

1. PLACE OF DEATH
a. COUNTY: Newton 0732
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Neosho 0
c. LENGTH OF STAY (in this place): ~~all life~~ 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sales Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Newton 0732
c. CITY OR TOWN: Stella
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐ 0
e. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First): Frances
b. (Middle):
c. (Last): Carter

4. DATE OF DEATH (Month) Mar. (Day) 16 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 21, 1866
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months 3 Days 28 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and State or Foreign Country): Carthage, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: W.B. Jenks
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: I.K. Carter, ADDRESS: Neosho, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia & Hypostatic pneumia — INTERVAL BETWEEN ONSET AND DEATH: 5 or 6 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cardiac Muscular weakness
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Anklosis of Rt. Knee + Hip — 9 or 10 years

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: 4222
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1941 19__, *to* March 16, 1955, *that I last saw the deceased alive on* March 16, 1955, *and that death occurred at* 7:10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Melvin C. Bowman MD
23b. ADDRESS: Neosho MO
23c. DATE SIGNED: 3-21-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-18-55
24c. NAME OF CEMETERY OR CREMATORY: Macedonia Cemetery
24d. LOCATION (City, town, or county) (State): Newton, Missouri

DATE REC'D BY LOCAL REG.: 3-22-55
REGISTRAR'S SIGNATURE: 223 Melvin C. Bowman
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Clark-Bigham Mortuary Neosho, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. ~~NEWTON~~ COUNTY HEALTH UNIT

District File Number 455-65

Date Filed 4-5-55

NEOSHO, MISSOURI

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jesse O. Sullins, Jr.

Licensed Embalmer No. 4646

P. O. Address Neosho, M

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