

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30276**
Registrar's No. **88**

FILED OCT 3-1955

BIRTH NO. _____		REG. DIST. NO. 245		PRIMARY REG. DIST. NO. 5836		Registrar's No. 88	
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 RURAL		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN RURAL		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 Neosho Twp.				e. STREET ADDRESS (If rural, give location) NEOSHO P.F.D. #4			
3. NAME OF DECEASED (Type or Print) a. (First) MARtha			b. (Middle) A.		c. (Last) SMITH		4. DATE OF DEATH (Month) (Day) (Year) SEPT 14. 1955
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY 5. 1873		9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (City and State or Foreign Country) JASPER County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas Code			13b. MOTHER'S MAIDEN NAME MARY BAKER		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 FRED SMITH ADDRESS NEOSHO Mo. P.F.D.				
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.	<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary tuberculosis 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. Senility					INTERVAL BETWEEN ONSET AND DEATH 3 yrs.	
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		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 Aug 30, 1932 , to 9-14, 1955 , that I last saw the deceased alive on 9-14, 1955 , and that death occurred at 6.15 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Melvin M. Cullough M.D.				23b. ADDRESS 420 West Sherman St. Neosho Mo.		23c. DATE SIGNED 9-18-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9-18-1955	24c. NAME OF CEMETERY OR CREMATORY HALE		24d. LOCATION (City, town, or county) (State) Newton Co. Missouri			
DATE REC'D BY LOCAL REG. 9/19/55		REGISTRAR'S SIGNATURE Melvin C. Bowman		25. FUNERAL DIRECTOR'S SIGNATURE Orley Thompson Sr. ADDRESS Neosho Mo			

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

Dist. Health Officer No. _____

District File No. _____

Date Filed SEP 30 1955

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 Boley Thompson
Licensed Embalmer No. 486

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.