

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

39363

State File No.

FILED NOV 21 1955

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 225

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| 1. PLACE OF DEATH a. COUNTY <u>Saline</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u> | |
| b. CITY OR TOWN <u>Marshall</u> | | c. CITY OR TOWN <u>DeWitt</u> | |
| c. LENGTH OF STAY (in this place) <u>5 days</u> | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fitzgibbon Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Gladys</u> | b. (Middle) <u>E.</u> | c. (Last) <u>Neighbors</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>11 15 1955</u> |
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|--------------------------------|---|---|--|--|---|---|
| 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>5 8 1888</u> | 9. AGE (In years last birthday) <u>67</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Oliphant Furnace Pa.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>George Thomas</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Fisher</u> | 14. NAME OF HUSBAND OR WIFE <u>Eugene Neighbors</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes Feb. 24th. 1943</u> | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <u>Eugene Neighbors</u> | ADDRESS <u>DeWitt, Missouri</u> |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General peritonitis</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Septic Salpingitis</u> | | |
| DUE TO (c) <u>Cholecystitis & Stones</u> | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |

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| 19a. DATE OF OPERATION <u>Nov 15 1955</u> | 19b. MAJOR FINDINGS OF OPERATION <u>Acute Salpingitis & Peritonitis</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT <u>SUICIDE</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>DeWitt Missouri</u> |
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| 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? |
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22. I hereby certify that I attended the deceased from Nov 12, 1955, to Nov 15, 1955, that I last saw the deceased alive on Nov 10, 1955, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23. SIGNATURE <u>[Signature]</u> | (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Marshall Mo</u> | 23c. DATE SIGNED <u>11/16/55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial in Marshall Mo</u> | 24b. DATE <u>11-17-1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Fairchance Cem</u> | 24d. LOCATION (City, town, or county) (State) <u>DeWitt, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>11-17-55</u> | REGISTRAR'S SIGNATURE <u>Carl J. Reed Deputy</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | ADDRESS <u>[Address]</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 6 1955

DEC 6 1955

DEC 6 1955

DEC 6 1955

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
Student Embalmer

Signed *L.M. Cresswell*

Licensed Embalmer No. 823

P. O. Address Brunswick, Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.