

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9723

State File No.

FILED APR 16 1956

BIRTH NO. REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 128

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u>		c. CITY OR TOWN <u>Marceline</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>5 Days</u>		e. STREET ADDRESS (If rural, give location) <u>050/D Rt. #1 South of Marceline, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>216 East Booke r</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Darcus</u>	c. (Last) <u>Neighbors</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mch-23, 1956</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>4 Jan. 1891</u>	9. AGE (In years last birthday) <u>65</u>	# UNDER 1 YEAR Months <u>2</u>	# UNDER 24 HRS. Days <u>19</u>	Hours <u>---</u>	Min. <u>---</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Chariton Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Ruben Clark</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Wheeler</u>	14. NAME OF HUSBAND (OR WIFE) <u>Archie Neighbors</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Archie Neighbors-Rt. #1-Marceline, Mo</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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Ovary Metastatic</u>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>175X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 3-12, 1956 to 3-23, 1956, that I last saw the deceased alive on 3-22, 1956, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John H. ...</u>	23b. ADDRESS <u>Marceline, Mo</u>	23c. DATE SIGNED <u>3-24-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>25 Mch 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pleasant</u>	24d. LOCATION (City, town, or county) (State) <u>Keytesville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-25-56</u>	REGISTRAR'S SIGNATURE <u>Mary J. Ridgway</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James M. Laughlin Marceline Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

401-0

MAR 30 1962

JAN 11 1962

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.....
Licensed Embalmer No. 442

P. O. Address.....

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.