

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9936

State File No.

FILED APR 2 - 1956

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEOSHO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEOSHO</u>	
c. LENGTH OF STAY (in this place) <u>9 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>902 N. LINCOLN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>902 N. LINCOLN</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Christy ANNA</u> b. (Middle) <u>M.</u> c. (Last) <u>HUTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 21, 1956</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		8. DATE OF BIRTH <u>JUNE 2, 1873</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		9. AGE (In years last birthday) <u>82</u>		10. MONTHS <u>0</u> YEARS <u>0</u> HOURS <u>0</u> MIN. <u>0</u>	
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		11. BIRTHPLACE (State or foreign country) <u>Webster County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Bud Ellis</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Dishman</u>	
14. NAME OF HUSBAND OR WIFE <u>Guy Otto Huter.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MRS. SNOWEY MILLER - NEOSHO.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Senility with Mentoring psychosis</u>		19. INTERVAL BETWEEN ONSET AND DEATH	

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) (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>11-12</u> , 19 <u>52</u> , to <u>3-21</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3/20</u> , 19 <u>56</u> , and that death occurred at <u>1 P.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Melvin C. Bowman</u>		23b. ADDRESS <u>420 W. Sherman Neosho Mo.</u>		23c. DATE SIGNED <u>3/21/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MARCH 23, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion</u>	
24d. LOCATION (City, town, or county) (State) <u>Wright County, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Melvin C. Bowman</u>		25. ADDRESS <u>Neosho, Mo.</u>	

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

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
Student Embalmer

Signed _____

Licensed Embalmer No. 4861

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