

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38877**

FILED DEC 3 1956

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

BIRTH NO.		REG. DIST. NO. <u>245</u>		PRIMARY REG. DIST. NO. <u>3047</u>		Registrar's No. <u>112</u>			
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. LENGTH OF STAY (in this place) <u>1 Day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u> 010th 0					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SALE MEMORIAL Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>419 Washington Ave.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sophronia</u> b. (Middle) <u>Catherine</u> c. (Last) <u>Mabe</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 19, 1956</u>						
5. SEX <u>F-M</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 15, 1873</u>			
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months		IF UNDER 12 HRS. Days		IF UNDER 60 MINS. Hours Min.			
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 (City and State or Foreign Country) <u>Billings, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Jessie Patty</u>			13b. MOTHER'S MAIDEN NAME <u>Mary O'Neal</u>			14. NAME OF HUSBAND OR WIFE			
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 <u>Floyd Mabe, Neosho, Mo.</u>				ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, labor</u>						INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Nephritis with uraemia</u>						4 yrs	
		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						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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>May</u> , 194 <u>6</u> , to <u>Nov 19</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Nov 19, 1956</u> , and that death occurred at <u>8:50 p.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Harold C. Lent, M.D.</u>				23b. ADDRESS <u>Neosho Mo.</u>			23c. DATE SIGNED <u>11-20-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-22-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gibson</u>		24d. LOCATION (City, town, or county) (State) <u>Neosho, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>11-23-56</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Lochy Thompson</u>		ADDRESS <u>Neosho, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. *Norton*

District File Number *1156-201*

Date Filed **NOV 30 1956**

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 *Carly Thompson Jr.*

Licensed Embalmer No. *4861*

P. O. Address *Norfolk, Ma*

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.