

FILED AUG 19 1957

STANDARD CERTIFICATE OF DEATH

State File No. 28870

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 102

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) Neosho		c. CITY OR TOWN Neosho	d. Is Residence within limits of a city (Incorporated town)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 3 weeks		e. STREET ADDRESS (If rural, give location) 617 N. High Street 07320	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sale Memorial Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Sallie b. (Middle) Elizabeth c. (Last) Hiers			4. DATE OF DEATH (Month) (Day) (Year) Aug 12, 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 20, 1880	9. AGE (In years last birthday) 76 / IF UNDER 1 YEAR Months 10 Days 22 / IF UNDER 12 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housework	11. BIRTHPLACE (City and State or Foreign Country) Newton County, Missouri	
13a. FATHER'S NAME James Williams		13b. MOTHER'S MAIDEN NAME Mary Crowder	14. NAME OF HUSBAND OR WIFE Henry A. Hiers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO None		16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henry A. Hiers Neosho, Mo.	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lung ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastasis from Cx of Breast Single Removal 12 years ago followed by Deep Therapy DUE TO (c) Carcinoma of Breast II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metastatic Lesion to skin of Chest to Mo		INTERVAL BETWEEN ONSET AND DEATH about 1 year
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Not operated since removal of Right Breast		

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 **Dec 1943** to **Aug 12, 1957**, that I last saw the deceased alive on **Aug 12, 1957**, and that death occurred at **5:30 AM** from the causes and on the date stated above.

23a. SIGNATURE Melvin C. Bowman M.D.	(Degree or title)	23b. ADDRESS Neosho, Mo	23c. DATE SIGNED 8-12-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 14, 57	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	24d. LOCATION (City, town, or county) (State) Neosho, Missouri
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DATE REC'D BY LOCAL REG. 8-13-57	REGISTRAR'S SIGNATURE Melvin C. Bowman	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clark Funeral Home Neosho, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED

District Health Officer No. Newton
District File Number 857-189
Date Filed AUG 16 1957

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 Marcella Pickett

Licensed Embalmer No. 4166
P. O. Address 915 Jester

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.