

S. No. 300
IV. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28878**

FILED AUG 20 1957

BIRTH NO. _____		REG. DIST. NO. <u>247</u>		PRIMARY REG. DIST. NO. <u>4366</u>		Registrar's No. <u>40</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>Granby</u>		c. LENGTH OF STAY (in this place) <u>1 week</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u>		8/15/57			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnett Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>436 Baxter St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rebecca</u>		b. (Middle) <u>Jane</u>		c. (Last) <u>Harrison</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 14, 1957</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 30, 1874</u>		9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. 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 <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Issaic Hendershot</u>		13b. MOTHER'S MAIDEN NAME <u>Jamima Mathews</u>		14. NAME OF HUSBAND OR WIFE _____					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Geo. Hendrix, Granby Mo.</u>					
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>Medullary failure</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Cerebrovascular accident</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u> <u>7 days</u> <u>over 6 mos.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		331X		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>XXX</u> on <u>Aug. 12, 1957</u> , to _____, 19____, that I last saw the deceased alive on <u>Aug. 12, 1957</u> , and that death occurred at <u>12:24 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Charles O. Nestor</u>				23b. ADDRESS <u>Granby, Mo.</u>		23c. DATE SIGNED <u>8/15/57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-16-1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Gibson</u>		24d. LOCATION (City, town, or county) (State) <u>Neosho Missouri</u>				
DATE REC'D BY LOCAL REG. <u>Aug. 15, 1957</u>		REGISTRAR'S SIGNATURE <u>M. L. Young</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Corley Thompson Jr. Neosho Mo.</u>					

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

225
0

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer *Newton*
District File Number *85-7-197*
Date Filed *AUG 22 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 _____

working under my personal supervision.

Student _____
Student Embalmer

Student Embalmer No. _____

Signed *Carley Thompson Sr.*
Licensed Embalmer No. *3259*

P. O. Address *Neosho Missouri*

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.