

STANDARD CERTIFICATE OF DEATH

State File No. **41242**

FILED NOV 25 1957

BIRTH NO. _____ REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **3047** Registrar's No. **141**

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 town) Neosho		c. CITY OR TOWN Neosho	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) All Life		e. STREET ADDRESS (If rural, give location) 514 West Coler Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home 514 W, Coler St			

3. NAME OF DECEASED (Type or Print) a. (First) Jessie b. (Middle) Stewart c. (Last) Lampo		4. DATE OF DEATH (Month) (Day) (Year) Nov 2-1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 1-1870
9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months 2 Days 1	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY House Work	11. BIRTHPLACE (City and State or Foreign Country) Neosho, Missouri
			12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Dwight Hopkins		13b. MOTHER'S MAIDEN NAME Nettie Jane Stewart		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give year or dates of service) None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Nettie Faye Lampo 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Rectum		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs
	ANTECEDENT CAUSES Morbidity 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		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) 154X	
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 **6-12-1957** to **11-2, 1957**, that I last saw the deceased alive on **11-2, 1957**, and that death occurred at **1:25 P.M.** from the causes and on the date stated above.

23a. SIGNATURE Dr. P. O. Davis M.D. (Degree or title)		23b. ADDRESS Neosho, Mo.		23c. DATE SIGNED 11-3-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-4-1957		24c. NAME OF CEMETERY OR CREMATORY Maness Cemetery	
				24d. LOCATION (City, town, or county) (State) Near Neosho, Missouri	

DATE REC'D BY LOCAL REG. 11-15-57		REGISTRAR'S SIGNATURE Melvin C. Bowman M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clark Funeral Home Neosho, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2230

1. Health Officer No: Newton
2. File Number 115-7-267
Date Issued NOV 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 Fred L. Clark, Student Embalmer No. 556 working under my personal supervision..

Student Fred L. Clark
Signature of Student Embalmer

Signed Marshall Pickett

Licensed Embalmer No. 4466
915 Highland Plr.
P. O. Address Peaslee, N.M.

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.