Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-014232
STATE FILE NUMBER

FILED MAY 11 1959 Registration District No. 245 Primary Registration District No. 5836 Registrar's No. 39

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Rural — Inside Limits: Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Neosho Twp. — Length of stay in 1b:

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Newton
c. CITY OR TOWN: Rural — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): Neosho R.F.D. 5 — Reside on Farm: Yes ☐ No ☐

0730

3. NAME OF DECEASED (Type or print): First: SARAH Middle: ELIZABETH Last: HANGER

4. DATE OF DEATH: Month May Day 3 Year 1959

5. SEX: Female 6. COLOR OR RACE: White 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: May 29, 1884

9. AGE (In years last birthday): 74 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Ohio
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Simon Roby
13b. MOTHER'S MAIDEN NAME: Unknown Fay
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Thomas D. Hanger, Address: Neosho Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia, Chronic -
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4500

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1955, to May 3 1959 and last saw her/him alive on 4-17-59
Death occurred at 6:10 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: M Carter MD (Degree or title)
22b. ADDRESS: Neosho Mo
22c. DATE SIGNED: 5-4-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5-6-1959
23c. NAME OF CEMETERY OR CREMATORY: Pleasant Grove
23d. LOCATION (City, town, or county) (State): Miller Missouri

24. FUNERAL DIRECTOR ADDRESS: Thompson Funeral Home, Neosho Mo.
25. DATE RECD. BY LOCAL REG.: 5-4-59
26. REGISTRAR'S SIGNATURE: Melvin C. Bowman, M.D.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

OCT 14 1959

Date Filed MAY 8 1959

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 Corley 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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