

FILEDOCT 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31175
Registrar's No. 97

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047

0737

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

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) <u>Neosho</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho</u> 0732	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>323 S. Washington</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>323 S. Washington</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>RANSOM</u> c. (Last) <u>McPHERSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 26, 1950</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN. 19, 1889</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>7</u> Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINISTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>METHODIST CHURCH</u>		11. BIRTHPLACE (State or foreign country) <u>LOUISIANA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>ALEXANDER McPHERSON</u>		13b. MOTHER'S MAIDEN NAME <u>MELVINA LOGAN</u>		14. NAME OF HUSBAND OR WIFE <u>NAOMI McPHERSON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>WORLD WAR I</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. W.R. McPHERSON</u> ADDRESS <u>Neosho 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>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		4201	

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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased _____ on Sept 26, 1950, and that death occurred at 8 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Corley Thompson Coroner</u>		23b. ADDRESS <u>Neosho Missouri</u>		23c. DATE SIGNED <u>9/27/1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Sept. 27, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Temple Texas</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 27, 1950</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u> 223		25. FUNERAL DIRECTOR'S SIGNATURE <u>Corley Thompson</u> ADDRESS <u>Neosho, Mo.</u>	

RECEIVED

District Health Officer No. Newton Co. Health Dept.
District File Number 1050-216
Date Filed 10/10/50

NOV 2 1950

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 _____

Carley Thompson Jr. Student Embalmer No. 384
working under my personal supervision.

Student Carley Thompson Jr.
Student Embalmer

Signed Carley Thompson Sr.
Licensed Embalmer No. 3259
P. O. Address Newsho, Mo.

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.