

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41595

State File No.

REC'D DEC 27 1950

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3042 Registrar's No. 127

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>NEOSHO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEOSHO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>518 W. BROOK ST.</u>		d. STREET ADDRESS (If rural, give location) <u>518 W. BROOK ST.</u>	

3. NAME OF DECEASED a. (First) <u>FLORENCE</u> b. (Middle) _____ c. (Last) <u>FRANCISCO</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 4. 1950</u>		
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	8. DATE OF BIRTH <u>DEC. 3. 1879</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>1</u>	IF UNDER 24 HRS. Hours _____ Min. _____
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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 (State or foreign country) <u>NEWTON Co. MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.R.</u>
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13a. FATHER'S NAME <u>LEYI REECE</u>	13b. MOTHER'S MAIDEN NAME <u>LYDIA HARRISON</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give way or dates of service) <u>NONE</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>LOYD FRANCISCO</u>	ADDRESS <u>SPRINGDALE AVE.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CONGESTIVE HEART FAILURE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4343</u>
	ANTECEDENT CAUSES MORIBUND CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>DIED WHILE ASLEEP HAD BEEN DEAD THREE DAYS WHEN FOUND. NATURAL CAUSES.</u>		
	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"/>
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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)
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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? _____
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased living 12-4, 1950, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Carley Thompson</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Neosho Missouri</u>	23c. DATE SIGNED <u>12/7/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-8-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McNATT</u>	24d. LOCATION (City, town, or county) (State) <u>McDONALD Co. MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 13, 1950</u>	REGISTRAR'S SIGNATURE <u>William C. Roseman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carley Thompson</u>	ADDRESS <u>Neosho Mo</u>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

732
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19
RECEIVED

District Health Officer No. Newton Co. Health
District File Number 1250-274 Dept.
Date Filed 12/20/50

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 _____

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

Student Corey Thompson Jr.
Student Embalmer

Signed Corey Thompson Sr.
Licensed Embalmer No. 3259

P. O. Address Neosho 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.