

No. 300  
10.48

FILED JUN 4 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17445

730  
4

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5836 Registrar's No. 64

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>RURAL</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u>		OR TOWN <u>0730</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SMITH NURSING HOME</u>			d. STREET ADDRESS (If rural, give location) <u>NEOSHO TWP</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u>		b. (Middle) <u>T.</u>	c. (Last) <u>CAREY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 22 1951</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>SEPT. 17. 1870</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>MADISON Co. Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>G.A. CAREY</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET WHITE</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>R.D. LYNN</u>		ADDRESS <u>NEOSHO MO. R#4</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy.</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>Arteriosclerosis</u>  DUE TO (c)  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
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION  <u>334x</u>			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 <u>5-27</u> , 19 <u>51</u> , to <u>5-22</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5-27</u> , 19 <u>51</u> , and that death occurred at <u>4:07</u> pm, from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>H. Reynolds M.D.</u>		23b. ADDRESS <u>Neosho Mo</u>		23c. DATE SIGNED <u>5-27-51</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5.24-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAKWOOD</u>	24d. LOCATION (City, town, or county) (State) <u>NEWTON Co. MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>May 24, 1951</u>	REGISTRAR'S SIGNATURE <u>Melvin C. Borman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Orley Thompson</u>	ADDRESS <u>Neosho Mo</u>	

**RECEIVED**

District Health Officer No. \_\_\_\_\_

*Newton C. Health Dept.*

District File Number 551-139

Date Filed May 31, 1951

**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 .....  
Student Embalmer

Signed *Carley 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.