

FILED JUL 7- 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20851

730
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>243</u>		PRIMARY REG. DIST. NO. <u>4364</u>		Registrar's No. <u>13</u>	
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>Stella</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Granby</u>		<u>1730</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cardwell Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eugene</u>			b. (Middle) <u>Otis</u>		c. (Last) <u>Gary</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June, 20, 1951</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>July 9, 1911</u>	9. AGE (in years last birthday) <u>39</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>11</u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Branham Cobst. Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Stella Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>B. S. Gary</u>			13b. MOTHER'S MAIDEN NAME <u>Emma May Sanders</u>		14. NAME OF HUSBAND OR WIFE <u>Vera Gary</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>		16. SOCIAL SECURITY NO. <u>500-01-1891</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Vera Gary, Granby Missouri R # 2.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ruptured Sanguene Appendicitis</u>				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>7-27-1951</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused 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) _____			
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 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) <u>5501</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u> </u> <u> </u> <u> </u> <u> </u>		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, 1951</u> , to <u>6-20, 1951</u> , that I last saw the deceased alive on <u>6-20, 1951</u> , and that death occurred at <u>5:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Cardwell M.D.</u> (Degree or title)				23b. ADDRESS <u>Stella Mo</u>		23c. DATE SIGNED <u>6-22-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-24-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Granby</u>		24d. LOCATION (City, town, or county) (State) <u>Granby Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-28 1951</u>		REGISTRAR'S SIGNATURE <u>Alpha Dyer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Corby Thompson Sr.</u>		ADDRESS <u>Neosho Mo.</u>	

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____
District File Number 751-160
Date Filed 9/2/54

NEOSHO, MISSOURI

MAR 1 1955

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 _____

working under my personal supervision.

Student Embalmer No.

Signed A. Kenneth Patterson

Signed.....
Student Embalmer

Licensed Embalmer No. 4697

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.