

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23855

FILED AUG 14 1951

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

BIRTH NO.		REG. DIST. NO. 245		PRIMARY REG. DIST. NO. 3047		Registrar's No. 93	
1. PLACE OF DEATH a. COUNTY <b>NEWTON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>NEWTON</b>			
b. CITY OR TOWN <b>NEOSKO</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>NEOSKO 0732</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>SALE MEMORIAL Hosp.</b>				d. STREET ADDRESS (If rural, give location) <b>505 So. JEFFERSON ST.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>FRANKLIN</b> b. (Middle) <b>EBBERT</b> c. (Last) <b>WASSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 27 1951</b>				
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>JAN. 6. 1869</b>	
9. AGE (In years last birthday) <b>82</b>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>LUMBER Co.</b>		11. BIRTHPLACE (State or foreign country) <b>0</b>	
10a.		10b.		11.		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>HARVEY WASSON</b>			13b. MOTHER'S MAIDEN NAME <b>NANCY J. PEARSON</b>			14. NAME OF HUSBAND OR WIFE <b>NELLIE POWERS WASSON</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>500-01-9204</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS. YELLIE WASSON</b> ADDRESS <b>NEOSKO MO</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma Abdomen with liver metastasis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>4 mo.</b>
		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 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) (Min.)		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 <b>Dec 1948, 1948</b> , to <b>July 27, 1951</b> , that I last saw the deceased alive on <b>July 27, 1951</b> , and that death occurred at <b>12:30 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Harold C. Lutz, M.D.</b>				23b. ADDRESS <b>Neosho, Mo</b>		23c. DATE SIGNED <b>8-4-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>7-30-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>NEOSKO I.O.O.F.</b>		24d. LOCATION (City, town, or county) (State) <b>NEOSKO MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>Aug. 4, 1951</b>		REGISTRAR'S SIGNATURE <b>Melvin C. Bowman</b> 223		25. FUNERAL DIRECTOR'S SIGNATURE <b>Carley Thompson</b> ADDRESS <b>Neosho Mo.</b>			

RECEIVED

APR 23 1951  
NEWSPRING COUNTY HEALTH UNIT

District Health Officer No. \_\_\_\_\_  
District File Number 851-185  
Date Filed 8-9-51

NEOSHO, MISSOURI

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 R. James 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.