No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 4 - 1952

State File No. 28354

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 92

132

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

1. PLACE OF DEATH
a. COUNTY: NEWTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Neosho
c. LENGTH OF STAY (in this place): 25 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME MRS PRUITT 608 N College

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: NEWTON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 322 So HAMILTON ST.
d. STREET ADDRESS (If rural, give location): Neosho 0132

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): RAY
c. (Last): SANSOM

4. DATE OF DEATH (Month) (Day) (Year): AUG 27 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 1-2-1889
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months 7, Days 25 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): JEWLER
10b. KIND OF BUSINESS OR INDUSTRY: JEWELER
11. BIRTHPLACE (City and State or Foreign Country): CLARK-COUNTY MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JOHN SANSOM
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: ADAH SANSOM

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Adah Sansom. ADDRESS:

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): CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 24 HOURS

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: 4201
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* APRIL, 1952, *to* 21 AUG, 1952, *that I last saw the deceased alive on* 20 AUG, 1952, *and that death occurred at* 3:30 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R L Taylor M.D.
23b. ADDRESS: Neosho Mo
23c. DATE SIGNED: 1 Sept 52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: Aug 29 52
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F.
24d. LOCATION (City, town, or county) (State): Neosho, MO.

DATE REC'D BY LOCAL REG.: 9-1-52
REGISTRAR'S SIGNATURE: Melvin C. Bowman M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: CLARK BIGHAM ADDRESS:

(Licensed Embalmer's Statement on Reverse Side)

SEP 18 1952
RECEIVED
District Health Officer No.
District File Number
Date Filed SEP 1952

NEWTON COUNTY HEALTH UNIT

222-158

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 ....., Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Jesse O. Sullins, Jr.

Licensed Embalmer No. 4646

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.