

STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED SEP 2-1952

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 248 PRIMARY REG. DIST. NO. 5843 Registrar's No. 12

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>Rural 5 Mi. Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - 5 Mi. Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FIVE MILE TWP.</u>		d. STREET ADDRESS (If rural, give location) <u>Seneca R.F.D. # 2. 0730</u>	
3. NAME OF DECEASED (Type or Print) <u>Esther</u>		a. (First) <u>A.</u> b. (Middle) <u>McCullough</u> c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 21, 1952</u>		5. SEX <u>Fem.</u> / 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 8, 1900</u>	
9. AGE (In years last birthday) <u>52</u>		10. UNDER 1 YEAR Months Days Hours Min.	
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 (City and State or Foreign Country) <u>Hugo Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Otto Barnett</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE		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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James E. McCullough, Seneca R#2</u> 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES <u>acute Myocarditis.</u> Morbidity 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 <u>Fracture neck of Femur pt. Feb 1952 Refused medical attention</u>	
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) <u>073</u>	
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? _____		22. I hereby certify that I attended the deceased from <u>July 29, 1952</u> , to <u>Aug 21, 1952</u> , that I last saw the deceased alive on <u>Aug 20, 1952</u> , and that death occurred at <u>2 P.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Melvin M. Cullough Do</u> (Degree or title)		23b. ADDRESS <u>Law. BK Bldg. perks mo</u>	
23c. DATE SIGNED <u>Aug 21-1952</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>8-25-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Carterville</u>	
24d. LOCATION (City, town, or county) (State) <u>Jasner County Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carley Thompson Sr.</u> ADDRESS <u>Neosho Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-22-52</u>		REGISTRAR'S SIGNATURE <u>Phyllis Brita</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

**RECEIVED**

NEWTON COUNTY HEALTH UNIT

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

District File Number 822-154

Date Filed 8-29-52

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 \_\_\_\_\_

Ray Adams

Student Embalmer No. 474

working under my personal supervision.

Student Ray Adams

Student Embalmer

Signed Lesley Thompson Jr.

Licensed Embalmer No. 4861

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.