

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35805

1730

NOV 3 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5836 Registrar's No. 107

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 (If outside corporate limits, write RURAL and give town) <b>RURAL</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL</b> 0730	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Neosko Trp</b>		d. STREET ADDRESS (If rural, give location) <b>Neosko R #5</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>SHIRLEY</b> b. (Middle) <b>ANN</b> c. (Last) <b>WEEMS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 6. 1952</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>INFANT</b>	8. DATE OF BIRTH <b>SEPT. 21. 1952</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>15</b> IF UNDER 1 YEAR Months Days IF UNDER 1000 Hours Min.
11. BIRTHPLACE (City and State or Foreign Country) <b>Newton County Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>LEONARD WEEMS</b>		13b. MOTHER'S MAIDEN NAME <b>Dorothy Pogue</b>	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) <b>No NONE</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>LEONARD WEEMS, Neosko Mo. R #1</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hemorrhagic Diathesis</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 <b>7710</b>	
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 <b>9/21</b> , 1952, to <b>10-6</b> , 1952, that I last saw the deceased alive on <b>9-30</b> , 1952, and that death occurred at <b>6:30 A. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Shirley M. Cullough</b>		23b. ADDRESS <b>San. Br. Bldg. Neosho Mo</b>	
23c. DATE SIGNED <b>10-10-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>10-8-1952</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>MACEDONIA</b>		24d. LOCATION (City, town, or county) (State) <b>Newton County Missouri</b>	
DATE REC'D BY LOCAL REG. <b>10-22-52</b>		REGISTRAR'S SIGNATURE <b>2 23-0</b>	
REGISTRAR'S SIGNATURE <b>Melvin C. Gorman M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Orley Thompson Sr. Neosho Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

1152-205

NOV 1 1952

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 P. Adams*

Student Embalmer No. 474

working under my personal supervision.

Student *Ray P. Adams*  
Student Embalmer

Signed *Barry Thompson*

Licensed Embalmer No. 7861

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.