

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 30 1953

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 22

782
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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>GRANBY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEOSHO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GRANBY COMMUNITY HOSP</u>		d. STREET ADDRESS (If rural, give location) <u>112 W. BROOK ST. 0730</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>SMITH</u> c. (Last) <u>SMITH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 29 1953</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB. 9. 1865</u>
9. AGE (In years last birthday) <u>88</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HORSE TRAINER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HORSE RACING</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>NEBRASKA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>JOHN SMITH</u>	13b. MOTHER'S MAIDEN NAME <u>AMANDA UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>LUCINDA GIBSON</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>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>NEWTON CO. WELFARE RECORDS</u> ADDRESS <u>NEOSHO MO.</u>

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		19. INTERVAL BETWEEN ONSET AND DEATH <u>4 MONTHS</u>
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic Heart Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
11. 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) <u>NEOSHO MISSOURI</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 Nov 5 1952 to 5-29 1953, that I last saw the deceased alive on 5-29 1953, and that death occurred at 9 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Melvin M. Cullough</u>	23b. ADDRESS <u>Sav. Bk. Bldg. Neosho Mo.</u>	23c. DATE SIGNED <u>6-3-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-2-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GIBSON</u>
24d. LOCATION (City, town, or county) (State) <u>NEOSHO MISSOURI</u>		

DATE REC'D BY LOCAL REG. <u>June 15, 1953</u>	REGISTRAR'S SIGNATURE <u>M. L. Young</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Orley Thompson Jr.</u> ADDRESS <u>Neosho Mo.</u>
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MEMO

NEWTON COUNTY HEALTH UNIT

653-115

JUN 18 1953

NEWBHO, 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 *Early Thompson*

Licensed Embalmer No. *4860*

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.