No. 300
10.48

FILED JUL 15 1955

STANDARD CERTIFICATE OF DEATH 5709

State File No. 19383

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. ~~5709~~ Registrar's No. 49

1. PLACE OF DEATH
a. COUNTY: McDonald
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Goodman
c. LENGTH OF STAY (in this place): 4 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 11 mi SE of Neosho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: McDonald
c. CITY OR TOWN: Rural
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 11 mi SE of Neosho

3. NAME OF DECEASED (Type or Print)
a. (First): Curt
b. (Middle):
c. (Last): Ping

4. DATE OF DEATH (Month) (Day) (Year): June 26, 1955

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Mar.
8. DATE OF BIRTH: July 22, 1894
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

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

13a. FATHER'S NAME: Wm. H. Ping
13b. MOTHER'S MAIDEN NAME: Ida Adkins
14. NAME OF HUSBAND OR WIFE: Gladys Ping

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Gladys Ping, R.3 Neosho, Mo. — 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): Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 DAYS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Weight 90 lbs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Pyleonephritis — 3 Weeks

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: None — Cerv
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* 5-4, 1955, *to* 6-26, 1955, *that I last saw the deceased alive on* 6-26, 1955, *and that death occurred at* 11:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Melvin M. Pullough D.O. 2
23b. ADDRESS: Sanbk Bldg. Neosho Mo
23c. DATE SIGNED: 6-27-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-29-55
24c. NAME OF CEMETERY OR CREMATORY: Indian Springs Cem.
24d. LOCATION (City, town, or county): Near Goodman (State): Mo

DATE REC'D BY LOCAL REG.: 7-10-55
REGISTRAR'S SIGNATURE: Mayme Humphrey 423-0
25. FUNERAL DIRECTOR'S SIGNATURE: W. E. Biddlecome — ADDRESS: Seneca, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. E. Biddlecome

Licensed Embalmer No. 2(?

P. O. Address Seneca,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.