

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

State File No. **4001**

FILED MAR 13 1956

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. CITY OR TOWN <u>Fulton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>IM-12B</u>		e. STREET ADDRESS (If rural, give location) <u>310 E. 5th St.</u> 0140	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Callaway Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Emma</u>	b. (Middle) <u>Lena</u>	c. (Last) <u>Neukomm</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 8 1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May-14-1861</u>	9. AGE (In years less birthday) <u>94</u>	# UNDER 1 YEAR Months <u>9</u> Days <u>24</u>	# UNDER 10 HRS. Hours <u></u> Min. <u></u>
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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>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Fulton, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Gerhardt</u>	13b. MOTHER'S MAIDEN NAME <u>Charlotte Hilt</u>	14. NAME OF HUSBAND OR WIFE <u>John Jacob Neukomm</u>
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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>M. B. Neukomm</u>	ADDRESS <u>Fulton, Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u>		<u>12 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Terminal pneumonia</u> DUE TO (c) <u>Fractured left femur and fractured left forearm</u>		<u>3 days</u> <u>26 Jan 56</u> <u>"</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>3/8</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>136</u> (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 26 Jan, 1956, to 8 March, 1956, that I last saw the deceased alive on 8 March 1956, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. R. Gish MD</u>	23b. ADDRESS <u>Fulton Mo</u>	23c. DATE SIGNED <u>7 Mar 56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar-11-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u>	24d. LOCATION (City, town, or county) (State) <u>Fulton</u> <u>Mo</u>
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DATE REC'D BY LOCAL REG. <u>Mar-10-1956</u>	REGISTRAR'S SIGNATURE <u>Margaret Lawrence</u>	423	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wallace Funeral Home Fulton, Mo</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

No. 300
10.48
0143
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 1 1956

MAY 9 1956

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.....
Signature of Student Embalmer

Signed *Danzil E. Brown*

Licensed Embalmer No. *272*

P. O. Address *Tulsa, Okla.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.