

21318

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUL 9 1956

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| BIRTH NO. ....   |  | REG. DIST. NO. <u>245</u>  |  | PRIMARY REG. DIST. NO. <u>3047</u>  |  | Registrar's No. <u>61</u>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Newton</u>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>Newton</u> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give town(ship))<br><u>Neosho</u>  |  | c. LENGTH OF STAY (in this place)<br><u>2 WKS.</u>   |  | c. CITY OR TOWN <u>Neosho</u>   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Sale Memorial Hospital</u>   |  |  |  | e. STREET ADDRESS (If rural, give location) <u>648 Baxter St.</u>   |  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Maud</u>  |  | b. (Middle) <u>Frances</u>   |  | c. (Last) <u>Williams</u>   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>June 14, 1956</u>  |  |
| 5. SEX <u>Female</u>   |  | 6. COLOR OR RACE <u>White</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, OR FORCED (Specify)<br><u>Widowed</u>   |  | 8. DATE OF BIRTH <u>9-20-1889</u>  |  |
| 9. AGE (In years) (Month) (Days) (Hours) (Mins.)<br><u>66</u>  |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Dry goods clerk</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Clothing Store</u>  |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Southwest City, Missouri</u>   |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.</u>  |  | 13a. FATHER'S NAME<br><u>John Quinby</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Amanda Quigley</u>  |  | 14. NAME OF HUSBAND OR WIFE<br><u>Deceased</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><u>No</u>   |  | 16. SOCIAL SECURITY #<br><u>495-09-7296</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Leon Williams, Neosho, Missouri</u>   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, metastatic</u><br><br>ANTECEDENT CAUSES<br>DUE TO (b) _____<br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>6 mo</u>  |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION   |  |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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) (Min.)   |  | 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>Jan 1, 1956</u> , to <u>June 14, 1956</u> , that I last saw the deceased alive on <u>June 14, 1956</u> , and that death occurred at <u>4:40a</u> m., from the causes and on the date stated above. |  |  |  |   |  |  |  |
| 23a. SIGNATURE (Degree or title)<br><u>Harold C. Kent</u>  |  |  |  | 23b. ADDRESS<br><u>Neosho Mo.</u>   |  | 23c. DATE SIGNED<br><u>6-18-56</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |  | 24b. DATE<br><u>6-16-56</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>I.O.O.F. Cemetery</u>  |  | 24d. LOCATION (City, town, or county) (State)<br><u>Neosho, Missouri</u>   |  |
| DATE REC'D BY LOCAL REG.<br><u>7-2-56</u>  |  | REGISTRAR'S SIGNATURE<br><u>Melvin C. Bowman</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Clark Funeral Home, Neosho, Mo.</u>  |  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

# RECEIVED

District Health Officer No. Nauston  
District File Number 756-108  
Date Filed JUL 6 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 Cecilia Thom Hill

Licensed Embalmer No. 359

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