

FILED OCT 29 1956

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. **34866**

BIRTH NO.		REG. DIST. NO. <b>245</b>		PRIMARY REG. DIST. NO. <b>3047</b>		Registrar's No. <b>100</b>	
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 township) OR TOWN <b>Neosho</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Neosho</b>		2780	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sale Memorial Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>400 So. Jefferson St.</b>			
3. NAME OF DECEASED (Type or Print) <b>Mary</b>		a. (First)		b. (Middle) <b>Ann</b>		c. (Last) <b>Guthrie</b>	
4. DATE OF DEATH <b>Oct. 22, 1956</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Dec. 1, 1879</b>		9. AGE (In years last birthday) <b>76</b>	
5. SEX <b>Fem.</b>		6. COLOR OR RACE <b>White</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>New York City New York</b>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Benjamin Gildersleeve</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Hawkins</b>		14. NAME OF HUSBAND OR WIFE <b>Dr. J. A. Guthrie</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Dr. J. A. Guthrie, Neosho Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA <del>BREAST</del> DISSEMINATED</b> INTERVAL BETWEEN ONSET AND DEATH <b>0 MONTHS</b>  ANTECEDENT CAUSES DUE TO (b) <b>CARCINOMA BREAST.</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>170X</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)		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>2200h</b> , 19 <b>56</b> , to _____, 19____, that I last saw the deceased alive on <b>2200h</b> , 19 <b>56</b> and that death occurred at <b>9 A. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>R. J. Jayko MD</b>				23b. ADDRESS <b>Neosho Mo</b>		23c. DATE SIGNED <b>2300456</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-25-1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F.</b>		24d. LOCATION (City, town, or county) (State) <b>Neosho Missouri</b>	
DATE REC'D BY LOCAL REG. <b>10-24-56</b>		REGISTRAR'S SIGNATURE <b>Melvin C. Bowman</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Osley Thompson Sr.</b>		ADDRESS <b>Neosho Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. Newton

District File Number 1056-179

Date Filed OCT 9 8 1956

*MAILED 1056*

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

*Barley T. Ferguson, Jr.*  
4861

Licensed Embalmer No. ....

P. O. Address

*Newark, Mo.*

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

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