DURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–033179
STATE FILE NUMBER

FILED VS. OCT 7 1959

AMENDED

Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 33

1. PLACE OF DEATH
a. COUNTY Newton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stella
Length of stay in 1b: 4 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cardwell Mem. Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Newton
c. CITY OR TOWN Neosho
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 406 North College
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Cora Middle Alice Last Qualls
4. DATE OF DEATH: Month September Day 23 Year 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 6-13-1890
9. AGE (last birthday): 69
IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and state or country): Kentucky
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Deceased
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.: 486-32-8374
17. INFORMANT: Mrs. Billy Wallace Address: Neosho, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Toxemia	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Gas Gangrene of Left Leg	2 wks
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes Mellitus

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9-8-59, to 9-23-59 and last saw her alive on 9-23-59
Death occurred at 2:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C A Holman (Degree or title) DO
22b. ADDRESS Stella, Missouri
22c. DATE SIGNED 9-28-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-25-59
23c. NAME OF CEMETERY OR CREMATORY: Gibson Cemetery
23d. LOCATION (City, town, or county) (State): Neosho, Missouri
24. FUNERAL DIRECTOR ADDRESS: Clark Funeral Home Neosho, Mo.
25. DATE RECD. BY LOCAL REG.: 10-1-59.
26. REGISTRAR'S SIGNATURE: Mildred Moberly

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

OCT 8 1959

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_____ Signed Fred L. Black

Signature of Student Embalmer

Licensed Embalmer No. 5056

P. O. Address 312 So. Wood

Neosho, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp
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.