S. No. 300
. 10.48

FILED MAR 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9514

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 24

22
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: PIKE MO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LOUISIANA MO
c. LENGTH OF STAY (in this place): 8 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MINERAL SPRING 160SR

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ILLINOIS
b. COUNTY: SCOTT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WINCHESTER 11
d. STREET ADDRESS (If rural, give location): — 0

3. NAME OF DECEASED (Type or Print)
a. (First): CHESTER
b. (Middle): LOVELL
c. (Last): NEAT

4. DATE OF DEATH (Month) (Day) (Year): MARCH 19 49

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: MARCH-24, 1897
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months 11, Days 25 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: RETIRED
11. BIRTHPLACE (State or foreign country): WINCHESTER, ILL.
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: WILLIAM NEAT
13b. MOTHER'S MAIDEN NAME: OLLIE BELLE LIEB
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): 1
16. SOCIAL SECURITY NO.: 351-18-6904
17. INFORMANT'S SIGNATURE OR NAME: William T. Neat — ADDRESS: Winchester, Ill.

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): PERNICIOUS ANEMIA — INTERVAL BETWEEN ONSET AND DEATH: 1 YR

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
2900

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* March 11, 1949, *to* Mar. 19, 1949, *that I last saw the deceased alive on* March 19, 1949 *and that death occurred at* 6:20 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. L. Bilyeu DO
23b. ADDRESS: LOUISIANA MO
23c. DATE SIGNED: MARCH 19

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MARCH 22, 1949
24c. NAME OF CEMETERY OR CREMATORY: GLASGOW CEMETERY
24d. LOCATION (City, town, or county) (State): GLASGOW, ILLINOIS

DATE REC'D BY LOCAL REG.: Mch 21, 1949
REGISTRAR'S SIGNATURE: Berniece Collier 374
25. FUNERAL DIRECTOR'S SIGNATURE: Kenneth Cunningham — ADDRESS: Winchester, Ill.

(Licensed Embalmer's Statement on Reverse Side)

APR 8 19

RECEIVED
District Health Officer No. 10
District File Number 3-49-52
MAR 25 1949
Date Filed

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.

Signed Leland S. Cunningham

Signed ..... Student Embalmer

Licensed Embalmer No. 3542

P. O. Address Winchester, Ill.

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