S. No.	300	FILED JUL 15 1949 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH STANDARD CERTIFICATE OF DEATH									റെ		
v, 10.	48			REG. DIST. NO.		PRIMARY REG. DIST.			File No rar's No	16	8		
		I. PLACE OF DEA	TU.	KEG. DISI. NO.									
7	4	a. COUNTY	ин Nodaway			a. STATE Miss	*	bere decessed live b. COUI	NTY	itution: red Jaway	idence before admission).		
,	сокр	b. CITY (If ontside co	c. CITY (If outside corporate limits, write RURAL and give township)										
ı		TOWN Skidmore - Hughes 64 yrs.				town Skidmore - Hughes							
		d. FULL NAME OF (If not in bountal or institution, give atrest address or location)				d. STREET (If rural, give location) ADDRESS							
( )	ວ	HOSPITAL OR INSTITUTION	9 miles	SE of Ski	dmore	9 m	iles	SE of	Skid	nore			
	RE	3 NAME OF DECEASED	a. (First)		Iiddle)	c. (Last)	•		(Month)	(Day)	(Year)		
		(Type or Print)	Alice		G.	McNeal		OF DEATH	7	1	49		
	Ž		COLOR OR RACE	7. MARRIED, NEVE WIDOWED, DIVO		8. DATE OF BIRTH	<del> i</del>	9. AGE (In year	D' UNDER		PIDER II HRS.		
	Ř	/  .	White	WIDOWED, DIVO	RCED (Breeff)	8/18/64	ı İ	last birthday) 85	Months	Days Ho	urs   Min.		
	Į.	Female/	<del></del>	10b. KIND OF BU	SINESS OR IN-	11. BIRTHPLACE (Blate)			<del>'                                    </del>	12 CITIZE	N OF WHAT		
	PERMANENT	done during most of working	ag life, even if retired)	1 -	DUSTRY				$\sim$ 1	COUNTR	Y?		
	PE	<u> Housewile</u>		Home		DeKalb;	<u></u>			USA			
	4	13a. FATHER'S NAME	• -		HER'S MAIDEN		l .	E OF HUSBAND		""	_		
	8	Thomas Hi			rgaret.	Noris			Neal	<b>,</b> de			
	MAKE	15. WAS DECEASED EVE (Yes, no, or unknown)   (If	R IN U.S. ARMED yee, give war or dates		A SECURITY NO.	17. INFORMANT'			_		DRESS		
		no		l non		Mr. Oliver	. WCM	e <b>al,</b> Sk	idmo				
	j	18. CAUSE OF DEATH  18. CAUSE OF DEATH  ONSET AND DEATH  ONSET AND DEATH											
	INK	Enter only one cause per 1. DISEASE OR CONDITION line for (a), (b), and (c) DIRECTLY LEADING TO DEATH*(a) Carcinoma of Liver & Intestnet 4 Mo.											
	RLACK I	ANTECEDENT CAUSES											
		*This does not mean	-			<u>.</u> ·							
	the mode of dying, such as heart failure, asthenia, the underlying cause (a) stating the underlying cause last.					•							
		etc. It means the dis-	-the undertying cut		TO (6)	, ,							
	Į Ģ	ease, injury, or complica- tion which caused death.	II. OTHER SIGNI	FICANT CONDITIONS					1 Jan 1	, M			
	OI C		Conditions contri	nditions contributing to the death but not teld to the disease or condition causing death.									
	UNFADING	19a. DATE OF OPERA-	· · · · · · · · · · · · · · · · · · ·							20. AUTO	PSY?		
•	Z	TION		J.1104 01 07 11 11 11			•			YES [	No 🖭		
		21a. ACCIDENT	(Specity)	21b. PLACE OF INJUR	Y (a. a. (a. a. a. b. a. a.	21c. (CITY, TOWN, OR	TOWNSHIP	· · · · · ·	CYTNU	<del></del>	ATE)		
	Ϋ́G	SUICIDE HOMICIDE	(Hipperty)	home, farm, factory, street	st, office bldg., ata.)	Zic. (Citt, tomit, ort		,		• • •			
	-USING				Y OCCURRED	21f. HOW DID INJURY	OCCUP?						
	ρ̈-	21d. TIME (Moseth) OF INJURY	(Day) (Year)	WHILEATI		ZIT. HOW DID INJURT	CCCORI	, ,	•				
	Y-	T. 1 - 1 40											
	PLAINLY-	22. I hereby certify that I attended the deceased from											
	AL	alive on											
	P.L.	Z3a. SIGNATURE (Degree or title) Z3b. ADDRESS								23c. DAT	E SIGNED		
		1110	Kleu	/	تِرو با	·- · · · · · · · · · · · · · · · · · ·	and,	Missou	ri	1/0	149		
	E	24a. BURIAL, CREMA	24b. DATE	24c. NAN	E OF CEMETER	Y OR CREMATORY	24d. LOCAT	TION (City, tow	n, or coun	ra) - '	(State)		
	WRITE	TION, REMOVAL (Breatly)	' 7/4/4	.9	Graham		Grah	am, Mis	sour	i	••		
	· •	DATE REC'D BY LOCAL	REGISTRAR'S	SIGNATURE, /	0 229	25 PHERAL DIRECT	TOR'S SI	GNATURE	At	DRESS			
	•	7-9 25	Bes	so Hora	UFO	Vince Fu	nea/	Homy Ma	rvvi	Ile.	Mo.		
				(Licens	ed Embalmer's	statement on Reverse Side	e)						

54618251N1



## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the Souter	the reverse side of this certificate was embalmed by me, or by
working under my personal supervision.	Student Embalmer No. 309
Robert L. Souter	Simul Class M. Praise

Licensed Embalmer No. 1522

P. O. Address Manyvell N

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.

Student Embalmer