

FILED MAR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11625
State File No. _____

| | | | | | | | |
|--|--|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>336</u> | | PRIMARY REG. DIST. NO. <u>6137</u> | | Registrar's No. <u>54</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Shannon</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Winona</u> | | c. LENGTH OF STAY (in this place) <u>10 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Winona Twp 106</u> | | d. STREET ADDRESS (If rural, give location) <u>Own home</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | 3. NAME OF DECEASED a. (First) <u>John</u> | | b. (Middle) <u>---</u> | | c. (Last) <u>Neal</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 7, 50</u> | | 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | |
| 8. DATE OF BIRTH <u>Feb 10, 1872</u> | | 9. AGE (In years last birthday) <u>78</u> | | 10. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u> | | 11. BIRTHPLACE (State or foreign country) <u>Leclead Co, Ohio</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | | 13a. FATHER'S NAME <u>Dan Neal</u> | | 13b. MOTHER'S MAIDEN NAME <u>Nellie Neal</u> | | 14. NAME OF HUSBAND OR WIFE <u>Winnie No</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Nellie Neal</u> | | ADDRESS <u>Winona Mo</u> | |
| 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. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>5-4 hrs</u> | |
| 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. | | | | <u>491X</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 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) m. | | 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>Feb 26, 1950</u> , to <u>Mar 6, 1950</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:30 a</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>C. B. Sharp, D.D.</u> | | | | 23b. ADDRESS <u>Winona Mo.</u> | | 23c. DATE SIGNED <u>Mar. 9, 50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>3-9-50</u> | | 24c. NAME OF CEMETERY OR CREMATORY: <u>Mt Zion</u> | | 24d. LOCATION (City, town, or county) (State) <u>Winona, Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>3-11-50</u> | | REGISTRAR'S SIGNATURE <u>C. B. Sharp</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Seaton Perrett</u> | | ADDRESS <u>Van Buren, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED 3-14-50
District Health Officer No. 5,
District File Number 3-50-178
Date Filed 3-17-50

mmf

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 Seaton Pewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren St

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.