

No. 300  
10. 48

FILED JUN 26 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22555

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 61

1082  
2

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

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Oregon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Alton</u> <u>1750</u>	
c. LENGTH OF STAY (in this place) <u>2786714</u>		d. STREET ADDRESS (If rural, give location) <u>unknown</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp 3 Nevada Mo</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LUTHER</u> b. (Middle) <u>-</u> c. (Last) <u>NEAL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 16, 1950</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Nov 29, 1884</u>	9. AGE (If years last birthday) <u>65</u> IF UNDER 1 YEAR Months <u>6</u> Days <u>17</u> IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Freemont Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>E.W. Neal</u>	13b. MOTHER'S MAIDEN NAME <u>Susie Vornatalek</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hosp 3 Nevada Mo</u>	ADDRESS <u>Nevada Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>about 14 yrs</u>
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ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____	4200
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II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Nodular Prostate - mental Deficiency</u>
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19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____
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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? _____
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22. I hereby certify that I attended the deceased from Oct, 1939, to June 16, 1950, that I last saw the deceased alive on June 15, 1950, and that death occurred at 5:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul L. Barone</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>State Hosp 3 Nevada Mo</u>	23c. DATE SIGNED <u>June 16/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>June 16-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Neal Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Alton Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 16, 1950</u>	REGISTRAR'S SIGNATURE <u>Kathryn H. Zaucy</u>	331	25. FUNERAL DIRECTOR'S SIGNATURE <u>John D. Clay</u>	ADDRESS <u>Alton Mo</u>
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RECEIVED 6-24-50

District Health Officer No: 7

District File Number 55020

Date Filed 6-24-50

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**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

*John D. Clary*

Licensed Embalmer No. 4495

P. O. Address. Rm 398 Cotton Mo

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.