

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16074

State File No. ....

FILED MAY 24 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 3378 Registrar's No. 81

0320  
1

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

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| 1. PLACE OF DEATH<br>a. COUNTY <u>DeKalb</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo.</u> b. COUNTY <u>DeKalb.</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>King City R.R.</u> | c. LENGTH OF STAY (in this place)<br><u>4 months</u> | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>King City R.R.</u> <u>0320</u>                   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Farm home.</u>  |  | d. STREET ADDRESS (If rural, give location)<br><u>12. Mi. Southeast of King City</u>   |  |

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|---|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Josephine</u><br>b. (Middle) <u>Dellah</u><br>c. (Last) <u>Neill</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>May 7. 1951</u> |
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|                      |                               |  |                                      |   |
|----------------------|-------------------------------|--|--------------------------------------|---|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widowed</u> | 8. DATE OF BIRTH<br><u>1.16.1869</u> | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.<br><u>82</u> <u>3</u> <u>19</u> |
|----------------------|-------------------------------|--|--------------------------------------|---|

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|---|--|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housework</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Same</u> | 11. BIRTHPLACE (State or foreign country)<br><u>Maalmi, Ill.</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u> |
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| 13a. FATHER'S NAME<br><u>Newell Kerr</u> | 13b. MOTHER'S MAIDEN NAME<br><u>?? Jackson</u> | 14. NAME OF HUSBAND OR WIFE<br><u>John E. Neill</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u> | 16. SOCIAL SECURITY NO.<br><u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Robert N. Neill, Springfield Mo.</u> |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Recompensation of heart,</u><br><u>old age</u>  |  |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |                                  |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|---|

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|--|--|--|
| 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)<br><u>4343</u> |
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|  |  |                            |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 April 1, 1951, to May 7, 1951, that I last saw the deceased alive on May 6, 1951, and that death occurred at 2:55 p.m., from the causes and on the date stated above.

|  |                                     |                                   |
|--|-------------------------------------|-----------------------------------|
| 23a. SIGNATURE (Degree or title)<br><u>Charles A. McIlwain, D.D.</u> | 23b. ADDRESS<br><u>Keating, Mo.</u> | 23c. DATE SIGNED<br><u>5-9-51</u> |
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|   |                              |  |   |
|---|------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u> | 24b. DATE<br><u>5.8.1951</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Nortonville Kans.</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Nortonville Kans.</u> |
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|--|---|---|
| DATE REC'D BY LOCAL REG.<br><u>5-10-51</u> | REGISTRAR'S SIGNATURE<br><u>Roscoe Harrison</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>R. G. Tappan King City Mo.</u> |
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NOV 5 1951



**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 R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address King City 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.