

No. 300
10-48

FILED JUL 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23402

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

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 318

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>McDonald</u>	
b. CITY OR TOWN <u>Joplin Mo</u>		c. CITY OR TOWN <u>Rural Reedwood</u>	
c. LENGTH OF STAY (in this place) <u>19 days</u>		d. STREET ADDRESS (If rural, give location) <u>Rocky Comfort, Mo. Rt</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fremont Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mildred</u> b. (Middle) <u>May</u> c. (Last) <u>McNeill</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 4 1951</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar 8, 1902</u>
9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Days <u>3</u>	IF UNDER 24 HRS. Hours <u>26</u> Min. <u>10 30 P.M.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>McDonald Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>James Mcuire</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Bergen</u>	14. NAME OF HUSBAND OR WIFE <u>Audrey McNeill</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>Audrey McNeill Rocky Comfort</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic adenocarcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>	
ANTECEDENT CAUSES Cerebral metastasis DUE TO (b) <u>Carcinoma stomach</u>		6 mo.?	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>6/22/51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Gastric Ca.-non-resectable; generalized Ca.</u>		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) (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 <u>6/13</u> , 19 <u>51</u> , to <u>7/4</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>7/4</u> , 19 <u>51</u> , and that death occurred at <u>10:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M. D.</u>		23b. ADDRESS <u>420 Byers, Joplin, Missouri</u>	23c. DATE SIGNED <u>7/7/51</u>
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-6-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Macedonia Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Stella, Missouri</u>
DATE REC'D BY LOCAL REG. <u>7-9-51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Morris Rye</u> ADDRESS <u>Wheeler Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-16-51
Jasper County Health Office

STATEMENT TO BE FILED TO MONITOR THE
PROGRESS OF THE BODY

County File Number 51/7/560
Date Filed 7-16-51

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 *Wm Morris Payne*
Licensed Embalmer No. *3442*
P. O. Address *Wheaton Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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