

FILED AUG 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **25881**

BIRTH NO. _____		REG. DIST. NO. 336		PRIMARY REG. DIST. NO. 6134		Registrar's No. 13	
1. PLACE OF DEATH a. COUNTY Shannon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Shannon			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Low Wessie		c. LENGTH OF STAY (in the place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Low Wessie		1010	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence - Low Wessie				d. STREET ADDRESS (If rural, give location) Low Wessie, Mo			
3. NAME OF DECEASED (Type or Print) a. (First) Stella		b. (Middle) Alberta		c. (Last) Neal		4. DATE OF DEATH (Month) (Day) (Year) Aug. 10, 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 26, 1882		9. AGE (In years last birthday) 69	If UNDER 1 YEAR Months 2	If UNDER 4 HRS. Days 18 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Brown County, Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Alfred Cardrey		13b. MOTHER'S MAIDEN NAME Mary Jane Quinn		14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Ruth Winters, Winona Mo ADDRESS			
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis				INTERVAL BETWEEN ONSET AND DEATH 4 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis					
		DUE TO (c) Diabetes					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332X				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 Aug 8, 1951 , to Aug 10, 1951 , that I last saw the deceased alive on Aug 8, 1951 , and that death occurred at 11:40 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE C. E. Sharp				23b. ADDRESS Winona, Mo.		23c. DATE SIGNED 8-11-51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 9/12/51		24c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery		24d. LOCATION (City, town, or county) (State) Shannon County, Mo	
DATE REC'D BY LOCAL REG. 8-11-51		REGISTRAR'S SIGNATURE Walter Ballman		25. FUNERAL DIRECTOR'S SIGNATURE Allen C. McSpadden ADDRESS Winona, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

1010
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RECEIVED

AUG 14 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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..... *Allen C. McSpadden*

Licensed Embalmer No. *4543*

P. O. Address *Van Buren, 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.