S. No. 300
v. 10.48

FILED NOV 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34537

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5905 Registrar's No. 116

0780

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

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Portageville
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural Route 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Portageville 0780
d. STREET ADDRESS (If rural, give location): Rural Route 2

3. NAME OF DECEASED (Type or Print)
a. (First): J.
b. (Middle): T.
c. (Last): NEAL

4. DATE OF DEATH (Month) (Day) (Year): Oct. 19, 1951

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 3, 1894
9. AGE (In years last birthday): 57 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Pemiscot, County, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Thomas Neal
13b. MOTHER'S MAIDEN NAME: Sallie Tanner
14. NAME OF HUSBAND OR WIFE: Gussie Neal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Gussie Neal R. 2 Portageville, Mo.

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, asthenia, 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) Poss. Bronchiogenic Carcinoma of right lung	6-25-51 to 10-19-51
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.	Bronchiectasis and Mucoviscoidosis of Rt lung	4 yrs 5 mos

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Mucus impaction of Rt Bronchus
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 162X

22. *I hereby certify that I attended the deceased from* 6-25, 1951, *to* Oct. 19, 1951, *that I last saw the deceased alive on* 10-18, 1951, *and that death occurred at* 8 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John J Killeen M.D.
23b. ADDRESS: Portageville, Mo.
23c. DATE SIGNED: 10-24-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 10-22-51
24c. NAME OF CEMETERY OR CREMATORY: Portageville Cemetery
24d. LOCATION (City, town, or county) (State): Portageville, Mo.

DATE REC'D BY LOCAL REG.: 10-31-51
REGISTRAR'S SIGNATURE: John W German 406 0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Jimmy Osburn Funeral Home Wardell, Mo.

(Licensed Embalmer's Statement on Reverse Side)

11-51-273

Rec. NOV 1 1951

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

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 James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Wardell, 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.