

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **37077**

FILED DEC 11 1957

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 4218		Registrar's No. 541		
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Benton				
b. CITY OR TOWN Windsor		c. LENGTH OF STAY (If in this place) 7 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jonia 0080				
d. FULL NAME OF HOSPITAL OR INSTITUTION Community Hospital				d. STREET ADDRESS (If rural, give location) 1				
3. NAME OF DECEASED (Type or Print) ERNIE R NEIL			a. (First) ERNIE b. (Middle) R c. (Last) NEIL			4. DATE OF DEATH (Month) (Day) (Year) Dec. 3, 1951		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH June 7, 1875		
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) Benton County Missouri		
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME J. F. Neil		13b. MOTHER'S MAIDEN NAME Lelah Baker		14. NAME OF HUSBAND OR WIFE Mary Bowlin Neil	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (See no. or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ernie R. Neil ADDRESS Jonia Missouri				
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.		MEDICAL CERTIFICATION						
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Virus Cerebralis		INTERVAL BETWEEN ONSET AND DEATH week						
ANTECEDENT CAUSES		DUE TO (b) arteriosclerosis						
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) cerebral hemorrhage				6 hrs		
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION: 492X				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) _____		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 11-29 , 19 51 , to 12-3 , 19 51 , that I last saw the deceased alive on 12-3 , 19 51 , and that death occurred at 10:15 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE Ray B. Jordan, M.D. (Degree or title)				23b. ADDRESS Windsor, Mo.		23c. DATE SIGNED 12-4-51		
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-5-51		24c. NAME OF CEMETERY OR CREMATORY Laurel Oak		24d. LOCATION (City, town, or county) (State) Windsor, Missouri		
DATE REC'D BY LOCAL REG. Dec. 5-51		REGISTRAR'S SIGNATURE Florence Adair		25. FUNERAL DIRECTOR'S SIGNATURE Huston Turner ADDRESS Windsor, Missouri				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 10 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed DEC 10 1951

MAR 10 1955

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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, 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.