

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2116**

BIRTH NO. **FILED FEB 15 1954** REG. DIST. NO. **226** PRIMARY REG. DIST. NO. **5799** Registrar's No. **4**

1. PLACE OF DEATH a. COUNTY <b>Monroe</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Monroe</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Madison RR</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Madison Mo RR</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>0640</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Arthur</b> b. (Middle) <b>Elliott</b> c. (Last) <b>Neal</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2-3-1954</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>1/6/1886</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Ontario Canada</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>George Neal</b>		13b. MOTHER'S MAIDEN-NAME <b>Frances Bunney Neal</b>	
14. NAME OF HUSBAND OR WIFE <b>deceased</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Walter Brown</b>		ADDRESS <b>Madison</b>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Apoplexy with Hemiplegia (L. side)</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
		ANTECEDENT CAUSES DUE TO (b) <b>Chronic Myocarditis</b>			
		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	19b. MAJOR FINDINGS OF OPERATION		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) (m.)	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 **4-3-1951**, to **2-3-1954**, that I last saw the deceased alive on **2-1-1954**, and that death occurred at **5 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J.G. Barnett, M.D.</b> (Degree or title)	23b. ADDRESS <b>Paris, Mo.</b>	23c. DATE SIGNED <b>2-5-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>2/5/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ash Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Ash Grove Co. Mo</b>
DATE REC'D BY LOCAL REG. <b>2-8-54</b>	REGISTRAR'S SIGNATURE <b>Clare Robertson</b>	476	25. FUNERAL DIRECTOR'S SIGNATURE <b>Vreda Thompson</b> ADDRESS <b>Madison</b>

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

19-11-17

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

*Paul A. Simpson*

Licensed Embalmer No. ....

1420

P. O. Address

Madison, 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.