

FILED APR 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11348

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 237

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Dexter)</u> <u>1020</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. #2, Dexter, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Alexander</u> c. (Last) <u>Neal</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 10, 1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, <u>WIDOWED, DIVORCED (Specify)</u> <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 12, 1856</u>
9. AGE (In years) (If under 1 year last birthday) <u>97</u>		Months <u>4</u>	Days <u>28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Stoddard County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>Robert B. Neal</u>	
13b. MOTHER'S MAIDEN NAME <u>Amanda Gilley</u>		14. NAME OF HUSBAND OR WIFE <u>Altha Neal (Dec'd)</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>-----</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mae Trask, Dexter, Mo.</u>		ADDRESS <u>R. 2</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u> 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X</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)		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>4-5</u> , 19 <u>54</u> , to <u>4-10</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>4-10</u> , 19 <u>54</u> , and that death occurred at <u>8:35 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Francis E. Swell, M.D., Poplar Bluff, Mo.</u>		23b. ADDRESS	
23c. DATE SIGNED <u>4-14-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-12-54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Sadlers Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Dexter, Mo. R.F.D. #2</u>	
DATE RECD BY LOCAL REG. <u>4/13/54</u>		REGISTRAR'S SIGNATURE <u>(Signature)</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Strickland-Rainey</u>		ADDRESS <u>Dexter, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
APR 19 1954

BUTLER CO. HEALTH CENTER

FILE No. _____

JUL 21 1954

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 J. Stueckley
Licensed Embalmer No. 3479

P. O. Address West, 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.