

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 6 1954

State File No. 29

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 341 PRIMARY REG. DIST. NO. 6179 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		3. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Jackson Twp 784m</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jackson Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>1050</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>Layton</u> c. (Last) <u>Neighbors</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6 22-54</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>11-3-1875</u>
9. AGE (In years last birthday) <u>78</u>		10. MONTHS <u>7</u>	11. DAYS <u>19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Putnam Co - Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>James A Neighbors</u>	
13b. MOTHER'S MAIDEN NAME <u>Nancy Garrel</u>		14. NAME OF HUSBAND OR WIFE <u>Floxa Yardley</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. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Charley Neighbors</u> ADDRESS <u>Milan Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probably cardiac</u>		INTERVAL BETWEEN ONSET AND DEATH <u>not known</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>acute respiratory infections</u>	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS <u>Seemed allergic.</u>	
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) _____	
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 <sup>Saw</sup> from <u>4-17-1954 10pm</u> , to _____, 18____, that I last saw the deceased alive on <u>4-17</u> , 19 <u>54</u> , and that death occurred at <u>4</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. S. Montgomery M.D.</u>		23b. ADDRESS <u>Milan Mo.</u>	
23c. DATE SIGNED <u>6/25/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	
24b. DATE <u>6-25-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Milan Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Schaeyes</u> ADDRESS <u>Milan Mo</u>	
DATE REC'D BY LOCAL REG. <u>June 25 1954</u>		REGISTRAR'S SIGNATURE <u>H. B. Harris</u> ADDRESS _____	

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

1050

**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 *August Scherer*

Licensed Embalmer No. 2667

P. O. Address Ular - 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.