

FILED JUL 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17890**  
Registrar's No. **390**

BIRTH NO. _____		REG. DIST. NO. <b>43</b>		PRIMARY REG. DIST. NO. <b>5142</b>		State File No. <b>17890</b>		Registrar's No. <b>390</b>					
1. PLACE OF DEATH a. COUNTY <b>Butler</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Butler</b>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>rural Neely Twp.</b>				c. LENGTH OF STAY (in this place) <b>20yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>rural neely Twp 0120</b>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>				d. STREET ADDRESS (If rural, give location) <b>Neelyville Mo</b>									
3. NAME OF DECEASED (Type or Print) a. (First) <b>Bertha</b>			b. (Middle) _____			c. (Last) <b>Cribbs</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 15, 1955</b>				
5. SEX <b>female</b>		6. COLOR OR RACE <b>colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Mar. 6, 1896</b>		9. AGE (In years last birthday) <b>59</b>		if UNDER 1 YEAR Months	if UNDER 1 YEAR Days	if UNDER 1 YEAR Hours	if UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>house wife</b>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Germantown, Tenn.</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				
13a. FATHER'S NAME <b>Newton Neely</b>				13b. MOTHER'S MAIDEN NAME <b>Violet Jones</b>				14. NAME OF HUSBAND OR WIFE <b>Faith Cribbs</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 ADDRESS <b>Joe Neely, Neelyville, Mo.</b>							
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of Breast</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>170X</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH <b>4 mos.</b>	
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) (Min.) _____				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 <b>Feb 25</b> , 19 <b>55</b> , to <b>June 15</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>June 12</b> , 19 <b>55</b> , and that death occurred at <b>9 A. m.</b> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <b>J. L. Smith, M.D.</b>						23b. ADDRESS <b>Neelyville, Mo.</b>		23c. DATE SIGNED <b>6/28/55</b>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6/19/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Neelyville</b>		24d. LOCATION (City, town, or county) (State) <b>Butler Co., Mo.</b>							
DATE REC'D BY LOCAL REG. <b>6/28/55</b>		REGISTRAR'S SIGNATURE <b>J. H. Murrell</b> <b>489-01</b>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McCord-Gish Funeral Home Naylor, Mo.</b>							

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

RECEIVED  
JUL 5 - 1955

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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**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 Bryan McCord

Licensed Embalmer No. 4079

P. O. Address Naylor Ma

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.