

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26682

State File No. ....

FILED AUG 17 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 328

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>OKLAHOMA</b> b. COUNTY <b>TULSA</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>JOPLIN</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>TULSA</b>	
c. LENGTH OF STAY (In this place) <b>4 HRS</b>		d. STREET ADDRESS (If rural, give location) <b>2427 EAST 2ND STREET</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VILLA MOTEL, 2627 E. 7TH</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>HUGH</b>	b. (Middle) <b>NELSON</b>	c. (Last) <b>NEALE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>AUG. 8, 1955</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JULY 30, 1904</b>	9. AGE (In years last birthday) <b>51</b>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BUYER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>D.H. WELCH USED CAR CO.</b>	11. BIRTHPLACE (State or foreign country) <b>SILOAM SPRINGS, ARK.</b>	12. CITIZENSHIP OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>JOE NEALE</b>	13b. MOTHER'S MAIDEN NAME <b>ROSE BRICKEY</b>	14. NAME OF HUSBAND OR WIFE <b>ALFA NEALE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>UNK</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>MRS ALFA NEALE, 2427 E. 2ND, TULSA,</b>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <b>12 hours.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage Total Body than</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) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>331X</b>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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 _____
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22. I hereby certify that I attended the deceased from (Died, 19 not to attend), 19  , that I last saw the deceased alive on   , 19  , and that death occurred at    m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Wendell M. Cronin, Jasper Co. Mo.</b>	23b. ADDRESS <b>Joplin Mo</b>	23c. DATE SIGNED <b>8/9/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <b>8-9-55</b>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <b>TULSA, OKLA.</b>
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DATE REC'D BY LOCAL REG. <b>8-9-55</b>	REGISTRAR'S SIGNATURE <b>Ed S. James 138</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

County File Number 55-8-565  
 Date Filed AUG 15 1955

OKLAHOMA  
 JULBA  
 3452 EAST 2ND STREET  
 AUG. 8, 1955

JOPLIN  
 W HRS  
 VILLA MOTEL, 3225 E. 7TH  
 HUGH NELSON  
 WARRIED JULY 30, 1904

MOBILE  
 D.H. KELCH USED CAR CO.  
 ROSE BRICKLEY ALFA ROMEO  
 JULY 30, 1904

U.S.A.  
 2100 SPRING, ARL.  
 ALFA ROMEO

OKLAHOMA  
 JULBA  
 3452 EAST 2ND STREET  
 AUG. 8, 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
 Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

REMOVAL

STEVE PARKER MORTUARY, JOPLIN, MO.