

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13923

State File No. _____

FILED MAY 7 1956

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 07667 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY OR TOWN <u>Rural - Bedford</u>	c. LENGTH OF STAY (in this place) <u>4 DAYS</u>	c. CITY OR TOWN <u>Foley</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LINCOLN Co. Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>2 miles east of Foley</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>BESSIE</u>	b. (Middle) <u>LORENE</u>	c. (Last) <u>NEIL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 24, 1956</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 26, 1900</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Foley, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William A. Calvin</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Turnbull</u>	14. NAME OF HUSBAND OR WIFE <u>Lester Neil</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lester Neil - Foley, Mo.</u>	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 <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pemphigus Bullosa</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus with Gangrene 4 months</u> DUE TO (c) <u>Diabetes Mellitus</u>		<u>12 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Avitaminosis 260X</u>		<u>Many years</u>	
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 from April 9, 1956, to April 24, 1956, that I last saw the deceased alive on April 24, 1956, and that death occurred at 6:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank L. Sutton</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Winfield, Mo.</u>	23c. DATE SIGNED <u>4/27/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-26-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BETHANY</u>	24d. LOCATION (City, town, or county) (State) <u>Foley, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 5-1956</u>	REGISTRAR'S SIGNATURE <u>Emma R. Riddle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Salvatore - E. Foley, Mo.</u>	ADDRESS _____
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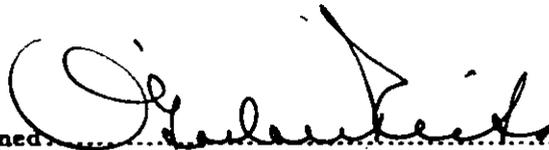
(Licensed Embalmer's Statement on Reverse Side)

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

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
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 4212

P. O. Address Elmhurst, Ill.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.