

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 24 1956

BIRTH NO. _____ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 6279 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY Wright

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY Wright

b. CITY (If outside corporate limits, write RURAL and give OR TOWN (Rural) Gasconade)
c. LENGTH OF STAY (in this place) 18

c. CITY OR TOWN Hartville
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 5 M miles South of H artville

e. STREET ADDRESS (If rural, give location) 5 M miles South of H artville 1140

3. NAME OF DECEASED
a. (First) Robert b. (Middle) Ray c. (Last) McNealy
4. DATE OF DEATH (Month) (Day) (Year) 4-12-1956

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 8. DATE OF BIRTH January 9, 1938 9. AGE (In years last birthday) 18 if UNDER 1 YEAR Months 3 Days 3 if UNDER 12 HRS. Hours 3 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY Student

11. BIRTHPLACE (City and State or Foreign Country) Wright County, M O. 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Jess McNealy 13b. MOTHER'S MAIDEN NAME Grace Odell 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Baker (Sheriff) Hartville, M O

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.
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal Injuries suffered
ANTECEDENT CAUSES in car wreck. Body
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Was thrown from car.
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 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hartville Wright Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-12, 1956, to _____, 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) Frank Seale Coroner 23b. ADDRESS Wright County Mo 23c. DATE SIGNED 4-16-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 4-14-56 24c. NAME OF CEMETERY OR CREMATORY Steele Mem 24d. LOCATION (City, town, or county) (State) Hartville Mo

DATE REC'D BY LOCAL REG. 4-18-56 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Hartville

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

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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.....
Signature of Student Embalmer

Signed..... *R. W. Barber*

Licensed Embalmer No. *38*

P. O. Address *W. W. D.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.