

FILED DEC 24 1956

## STANDARD CERTIFICATE OF DEATH

State File No. **42103**

BIRTH NO. _____		REG. DIST. NO. <b>187</b>		PRIMARY REG. DIST. NO. <b>3090</b>		Registrar's No. <b>257</b>	
1. PLACE OF DEATH a. COUNTY <b>Livingston</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Livingston</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Chillicothe</b>		c. LENGTH OF STAY (In this place) <b>25 yrs.</b>		c. CITY OR TOWN <b>Chillicothe</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1541 Bryan St.</b>				STREET ADDRESS (If rural, give location) <b>1541 Bryan St.</b>			
3. NAME OF DECEASED (Type or Print) <b>Walter</b>		a. (First)		b. (Middle) <b>W.</b>		c. (Last) <b>McNeil</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 17, 1956</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Minister (ret)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Ministry</b>		8. DATE OF BIRTH <b>Mar. 5, 1875</b>		9. AGE (In years) (If UNDER 1 YEAR last birthday) (Months) (Days) (If UNDER 1 HR. Hours) (Min.) <b>81</b>	
11a. BIRTHPLACE (City and State or Foreign Country) <b>Fort Scott, Kans.</b>		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Levi McNeil</b>		13b. MOTHER'S MAIDEN NAME <b>Philena Flaherty</b>		14. NAME OF HUSBAND OR WIFE <b>Lizzie McNeil</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>490-10-4673</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Lizzie McNeil, Chillicothe, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Embolus</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>Cancer - Colon</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cancer - Prostate</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>  <b>1951</b> <b>1954</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <b>332XH</b> 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) (m.)		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>Jan</b> , 19 <b>48</b> , to <b>Dec 17</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>Dec 17</b> , 19 <b>56</b> , and that death occurred at <b>5:40P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Joseph A. Conrad M.D.</b>				23b. ADDRESS <b>Chillicothe, Mo</b>		23c. DATE SIGNED <b>Dec 18-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>Dec. 19, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Union cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Carroll County, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>12/19/56</b>		REGISTRAR'S SIGNATURE <b>Frances B. Neils</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Donald Gordon - Chillicothe, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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 *Richard H. Bandal*.....

Licensed Embalmer No. *4869*.....

P. O. Address *Phillips*.....

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.