

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **44589**

No. 300
10.48

FILED JAN 9 1957

BIRTH NO. _____ REG. DIST. NO. **370** PRIMARY REG. DIST. NO. **6254** Registrar's No. **64**

1. PLACE OF DEATH a. COUNTY WAYNE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY WAYNE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LODI		c. CITY OR TOWN LODI	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 5 1/2		e. STREET ADDRESS (If rural, give location) Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) FRANKLIN c. (Last) NEEL			4. DATE OF DEATH (Month) (Day) (Year) DEC. 28, 1956		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 8, 1891	9. AGE (In years) 65	10. IF UNDER 1 YEAR 7 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (City and State or Foreign Country) REDFORD, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOSEPH G. NEEL	13b. MOTHER'S MAIDEN NAME LEANER SUTTON	14. NAME OF HUSBAND OR WIFE NANCY F. NEEL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. 497-01-7696	17. INFORMANT'S SIGNATURE OR NAME NANCY F. NEEL LODI, MO.

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 10 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aortic Stenosis		
	ANTECEDENT CAUSES Morbidity 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. _____			

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) 4211
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 May, 1957, to Dec, 1956, that I last saw the deceased alive on Dec 15, 1956, and that death occurred at 10 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) O. A. Meyer M.D.	23b. ADDRESS Coldwater, MO	23c. DATE SIGNED 12/31/56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-30-56	24c. NAME OF CEMETERY OR CREMATORY ANNAPOLIS - CEM. ANNAPOLIS
24d. LOCATION (City, town, or county) (State) Mo.	25. REGISTRAR'S SIGNATURE Bretta M. Ward	
DATE REC'D BY LOCAL REG. Jan 4 - 1957	26. FUNERAL DIRECTOR'S SIGNATURE Norman W. Deah	ADDRESS Fredmont Mo.

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

495

RECEIVED
JAN 4 1957
WAYNE CO. HEALTH CENTER
FILE No.

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 me....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Maurice E. Bowles.....

Licensed Embalmer No. 442

P. O. Address Piedmont, N.C.

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.