No. 300
10.48

FILED FEB 24 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 58-006616

BIRTH NO. _____ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 4370 Registrar's No. 68

1. PLACE OF DEATH
a. COUNTY: Nodaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clearmont
c. LENGTH OF STAY (in this place): 6 mns.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallin Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Nodaway
c. CITY OR TOWN: Graham, Mo
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 0740

3. NAME OF DECEASED (Type or Print)
a. (First): Grace
b. (Middle): Ethel
c. (Last): McNeal

4. DATE OF DEATH (Month) (Day) (Year): 2 9 1958

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug 13, 1883
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewofe
10b. KIND OF BUSINESS OR INDUSTRY: home-own
11. BIRTHPLACE (City and State or Foreign Country): Graham, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Nicholas Helzer
13b. MOTHER'S MAIDEN NAME: Mary Rasstack
14. NAME OF HUSBAND OR WIFE: J.D.McNeal

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: William D.Wallin, Clearmont, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arterial Occlusion — INTERVAL BETWEEN ONSET AND DEATH: hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral Arteriosclerosis — yrs.
DUE TO (c) Diabetes Mellitus — yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Senility.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒ 260X

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 13, 1957, *to* Feb 9, 1958, *that I last saw the deceased alive on* Feb 8, 1958, *and that death occurred at* 1055A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harvey Ford M.D.
23b. ADDRESS: Amo-Mo.
23c. DATE SIGNED: Feb 8-58

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 2/13/1958
24c. NAME OF CEMETERY OR CREMATORY: Graham Cemetery
24d. LOCATION (City, town, or county) (State): Graham, Mo.

DATE REC'D BY LOCAL REG.: 2-21 58
REGISTRAR'S SIGNATURE: Bess Holt
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: [signature], Maryville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed G. M. [illegible]

Licensed Embalmer No. 227

P. O. Address Marysvil

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