

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025700

STATE FILE NUMBER 3647

FILED AUG 15 1958

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 3647

S. 300
1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY POLK	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN FAIR PLAY 6846 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		Length of stay in lb 7 Days	d. STREET ADDRESS (If outside, give location) RR #1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM NEILL			4. DATE OF DEATH Month Day Year July 28, 1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-1-90
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		9b. KIND OF BUSINESS OR INDUSTRY FARMING	9. AGE (In years) 67 (birth day) Months Days Hours Min.
10a. FATHER'S NAME JAMES P. NEILL		10b. MOTHER'S MAIDEN NAME WAYNE PERKINS	11. BIRTHPLACE (City and state or county) DADE COUNTY, MISSOURI
13a. FATHER'S NAME JAMES P. NEILL		13b. MOTHER'S MAIDEN NAME WAYNE PERKINS	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) YES		16. SOCIAL SECURITY NO. NONE	17. INFORMANT OFFICIAL RECORDS VA HOSPITAL, K.C., MO. Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular Tachycardia then fibrillation Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b) Probable Myocardial Infarction DUE TO (c) A.S.H.D. and Old arrhythmia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) Chronic Pulmonary inadequacy, Chronic Pyelonephritis			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from July 22, 1958 to July 28, 1958 Death occurred at 9:55 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Donald R. Tucker M.D.		22b. ADDRESS VA Hospital, K.C., Mo.	
22c. DATE SIGNED 7-28-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7/29/58	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Bellevue, Mo.	
24. FUNERAL DIRECTOR Walter W. Erwin Mort. Belvoir, Mo.		25. DATE RECD. BY LOCAL REG. 7-29-58	
26. REGISTRAR'S SIGNATURE Irene Marshall			

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Donald R. Tucker



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 John R. Sidmore
Licensed Embalmer No. 4531
P. O. Address Kansas City

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.