

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028927
STATE FILE NUMBER

4 FILED SEP 8 1958 Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 878

300
1-57

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived... If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Clinton 04220 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Forrest Rest Home		Length of stay in lb 3 Mo.	d. STREET ADDRESS (If outside, give location) 614 So. Main St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Viola Middle Beatrice Last Neale			4. DATE OF DEATH Month Aug. Day 30 Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 1, 1895		9. AGE (In years last birthday) 63 IF UNDER 1 YEAR Months 7 Days 29 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Henry Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Wm. J. Steele		13b. MOTHER'S MAIDEN NAME Susan Hibler		14. NAME OF HUSBAND OR WIFE Deceased	
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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. 500-03-9084	17. INFORMANT Wm. Edwin Neale, 670 Watson, Topeka, Kan. Address		
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Institution				INTERVAL BETWEEN ONSET AND DEATH 1 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Carcinomatous - metastatic to brain from			5 months
	DUE TO (c) Carcinoma of cervix - diagnosed 1955 (3 yrs)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 171X				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
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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		
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21. I attended the deceased from 4-15-59 to 9-30-58 and last saw her ^{her} alive on 8-30-58 Death occurred at 12-43 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.		
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22a. SIGNATURE W.D. Bradshaw, M.D. (Degree or title)		22b. ADDRESS Clinton, Mo.		22c. DATE SIGNED 8/30/58	
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 1, 1958		23c. NAME OF CEMETERY OR CREMATORY Appleton City Cemetery		23d. LOCATION (City, town, or county) Appleton City, Mo.	
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24. FUNERAL DIRECTOR N.A. Vansant, Clinton, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 9-3-58		26. REGISTRAR'S SIGNATURE Mildred Bigum	
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(License Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

SEP 12 1958

OCT 1 1958

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 *H. A. Bursant*

Licensed Embalmer No. *3779*

P. O. Address *Clinton, Mo*

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.