

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044731

STATE FILE NUMBER

FILED JAN 6 1959

Registration District No. 170 Primary Registration District No. Registrar's No. 187

300-3

-57

-1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gasconade Township	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Lynchburg	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2mi. NW of Lynchburg	Length of stay in lb 2 days	d. STREET ADDRESS (If outside, give location) 4mi. S. of Lynchburg	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Oscar Benton McNeil			4. DATE OF DEATH Month Day Year Dec. 23, 1958		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH April 14, 1890	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and state or country) Dry Nob, Missouri	12. CITIZEN OF WHAT COUNTRY? U.3.A.
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13a. FATHER'S NAME George McNeil	13b. MOTHER'S MAIDEN NAME Nancy Core	14. NAME OF HUSBAND OR WIFE none
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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 none	16. SOCIAL SECURITY NO. 494-18-3885	17. INFORMANT Bland Crismon, Lynchburg, Missouri	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) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arterial hypertension	Several years
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.) 4201
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Lebanon Mo	COUNTY Laclede	STATE Missouri
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21. I attended the deceased from 12/31/58 to 12/10/58 and last saw ^{her} him alive on 12/10/58 Death occurred at 10:15 P. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE J. H. Johnson (Degree or title) MD	22b. ADDRESS Lebanon Mo	22c. DATE SIGNED 12-27-58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Dec. 27, 1958	23c. NAME OF CEMETERY OR CREMATORY New Home	23d. LOCATION (City, town, or county) (State) Laclede County, Missouri
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24. FUNERAL DIRECTOR J. J. Shadel	ADDRESS Lebanon, Mo.	25. DATE RECD. BY LOCAL REG. 12-27-1958	26. REGISTRAR'S SIGNATURE Hella L. Hays
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

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 

Licensed Embalmer No. 3848

P. O. Address Alto

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.