

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-002269  
STATE FILE NUMBER

FILED JAN 26 1958

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Maryville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Maryville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis</u>		Length of stay in lb <u>5 days</u>	d. STREET ADDRESS (If outside, give location) <u>522 West Halsey</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>ALFRED EDGAR McNEAL</u>			4. DATE OF DEATH Month Day Year <u>1 20 59</u>		
--	--	--	--	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>8/24/79</u>	9. AGE (In years last birthday) <u>79</u>	10. UNDER 1 YEAR Months Days Hours Min.	11. UNDER 24 MRS.
-----------------------	----------------------------------	---	------------------------------------	--	--	-------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanist</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Repair Shop</u>	11. BIRTHPLACE (City and state or country) <u>Nodaway County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	--	--

13a. FATHER'S NAME <u>Aaron McNeal</u>	13b. MOTHER'S MAIDEN NAME <u>Amelia Black</u>	14. NAME OF HUSBAND OR WIFE <u>Verna Daniels McNeal</u>
---	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>488-14-1100</u>	17. INFORMANT <u>Mrs. Verna McNeal, Maryville, Mo.</u>
--	---	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage - arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs</u>
DUE TO (b) <u>Chronic myo carditis &amp; stroke</u>		
DUE TO (c) <u>331X</u>		<u>8 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the term(s) 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.)
---	--

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 <u>Maryville, Missouri</u>	STATE
---	--	--	-------

21. I attended the deceased from <u>11-25-59</u> to <u>1/20/59</u> and last saw <sup>DECEASED</sup> him alive on <u>1-19-59</u> Death occurred at <u>4:45 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE (Degree or title) <u>W.C. Basserman M. D.</u>	22b. ADDRESS <u>Maryville, Missouri</u>	22c. DATE SIGNED <u>1/22/59</u>
---	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>	23b. DATE <u>1/23/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Miriam</u>	23d. LOCATION (City, town, or county) (State) <u>Maryville, Missouri</u>
--	-----------------------------	---	---

24. FUNERAL DIRECTOR <u>Price Funeral Home, Maryville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>1-22-59</u>	26. REGISTRAR'S SIGNATURE <u>Bess Bolt</u>
---	--	---

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 *Curtis E. Henley* .....

Licensed Embalmer No. *4936* .....

P. O. Address *New York 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.