

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010517
STATE FILE NUMBER

FILED MAR 19 1959

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Moberly
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 421 Union Ave.		Length of stay in lb 20 Yrs.	d. STREET ADDRESS (If outside, give location) 421 Union Ave.
3. NAME OF DECEASED (Type or print) First MATTIE Middle PEARL Last NEAL			4. DATE OF DEATH Month MAR. Day 7 Year 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 1, 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 80
11. BIRTHPLACE (City and state or country) Boone County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Douglas		13b. MOTHER'S MAIDEN NAME Martha Woods	14. NAME OF HUSBAND OR WIFE James M. Neal
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 James M. Neal Address Moberly
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 DUE TO (b) Arteriosclerotic Coronary thrombosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Influenza 1 week.			INTERVAL BETWEEN ONSET AND DEATH few minutes
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.) H2C1	
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.) not before death	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Moberly	COUNTY Mo.
21. I attended the deceased from not before death to 7:30 P and last saw her alive on dead while I arrived		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
22a. SIGNATURE (Degree or title) Clarence C. Coburn M.D.		22b. ADDRESS 317 Virginia, Moberly Mo	22c. DATE SIGNED March 9 59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar. 9, 1959	23c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Gardens	23d. LOCATION (City, town, or county) (State) Moberly Mo.
24. FUNERAL DIRECTOR Mahan Funeral Service		ADDRESS Moberly	25. DATE RECD. BY LOCAL REG. 3-9-59
		26. REGISTRAR'S SIGNATURE Leah Bowen	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 30 1959

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 A. Gallen*

Licensed Embalmer No. *3815*

P. O. Address *Mt. Airy, 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.