DURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

'59 045773

FILED VS DEC 23 1959

211585

STATE FILE NUMBER

MENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Missouri.

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: DePaul Hospital

Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Butler

c. CITY OR TOWN: Qulin

Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): Rural Route No. 1

Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Gilbert Middle: Henry Last: Neal

4. DATE OF DEATH: Month Day Year: December 13, 1959.

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 1/13/1928

9. AGE (last birthday): 31

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: General

11. BIRTHPLACE (City and state or country): Bloomfield, Missouri.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Henry Neal

13b. MOTHER'S MAIDEN NAME: Loraine Stephens

14. NAME OF HUSBAND OR WIFE: Shirley Neal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If yes, give war or dates of service): Nil

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Address: Elbert Neal, 5358 Shreve Avenue.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pulmonary embolism	3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Thrombophlebitis, leg veins	3 weeks.
DUE TO (c)	Rheumatic heart disease 416x	5 years.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 December 1, 1959, to Dec 13, 1959 and last saw him alive on December 13, 1959

Death occurred at 5:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John T. Lawton, M.D. (Degree or title)

22b. ADDRESS: 634 N. Grand Blvd.

22c. DATE SIGNED: Dec. 14, 1959

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 12/14/59

23c. NAME OF CEMETERY OR CREMATORY: Local

23d. LOCATION (City, town, or county) (State): Dexter, Missouri.

24. FUNERAL DIRECTOR: Albert H. Hoppe, Inc. ADDRESS: 4700 Washington

25. DATE RECD. BY LOCAL REG.: DEC 14 1959

26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Robert M. Murray

Signature of Student Embalmer

Licensed Embalmer No. 3949

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.