

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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FILED VS FEB 8 1960

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3002

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STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 3002 Registrar's No. 26

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Audrain</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mexico</u>			Length of stay in 1b		c. CITY OR TOWN <u>Vandalia</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Audrain Co. Hospital</u>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>414 E. Hiway</u>	
3. NAME OF DECEASED (Type or print) First <u>Nettie</u> Middle _____ Last <u>Neal</u>				4. DATE OF DEATH Month <u>January</u> Day <u>30</u> Year <u>1960</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/21/1879</u>	9. AGE (last birthday) <u>80</u>	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) <u>Homemaker</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Pike Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Isaac Neal</u>			13b. MOTHER'S MAIDEN NAME <u>Ann Elize Rowland</u>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Address <u>Mayme Neal- Vandalia, 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>Metastatic Carcinoma lungs</u> <u>Secondary from</u> DUE TO (b) <u>Carcinoma of uterus</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <u>12-26-59</u> <u>12-26-59</u> <u>?</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Parkinson Disease</u> <u>20 year duration</u>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input checked="" type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>X</u>			
20c. TIME OF INJURY Hour <u>8</u> AM Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK <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.) <u>X</u>		20f. CITY, TOWN, OR LOCATION <u>X</u>		COUNTY _____	STATE _____
21. I attended the deceased from <u>Dec 26-59</u> to <u>Jan 30</u> <u>60</u> and last saw her <u>her</u> alive on <u>Jan 30-60</u> Death occurred at <u>Camp Hays 1-30-60</u> <u>8:25</u> AM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Harry F. O'Brien M.D.</u>				22b. ADDRESS <u>Missouri</u>		22c. DATE SIGNED <u>2/7/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2/1/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery--Vandalia</u>		23d. LOCATION (City, town, or county) <u>Mo.</u>		
24. FUNERAL DIRECTOR <u>William Blatter, Vandalia, Mo</u>			25. DATE RECD. BY LOCAL REG. <u>Feb 1-1960</u>		26. REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		

DOCUMENT

MEDICAL CERTIFICATION

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Blaters

Licensed Embalmer No. 4169

P. O. Address Vandalia, I

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