

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005455

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 569

STATE FILE NUMBER

AMENDED

FILED VS FEB 20 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY | | Length of stay in 1b 36 days | c. CITY OR TOWN BLUE SPRINGS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS 2401 N 812 St. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last HERSCHEL LEE NEIL | | | 4. DATE OF DEATH Month Day Year JANUARY 31, 1961 |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 11-4-14 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HIGH SCHOOL PRINCIPAL | | 10b. KIND OF BUSINESS OR INDUSTRY BLUE SPRINGS | 9. AGE (last birthday) 46 |
| 11. BIRTHPLACE (City and state or country) MAYSVILLE, MISSOURI | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME HARRY NEIL | | 13b. MOTHER'S MAIDEN NAME BESSIE EGGLESTON | 14. NAME OF HUSBAND OR WIFE THEA NEIL |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWII | | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Thea Neil (Wife) VA HOSPITAL OFFICAL RECORDS, K. C. MO. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HODGKIN'S DISEASE | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| 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. <input type="checkbox"/> Yes <input 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 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 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.) | 20f. CITY, TOWN, OR LOCATION | COUNTY STATE |
| 21. VA attended the deceased from <u>12-5-60</u> to <u>1-31-61</u> Death occurred at <u>9:20 p.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <i>Charles W. Hall</i> | | 22b. ADDRESS KCVUAH K.C., Mo | 22c. DATE SIGNED 1/31/61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 2-3-61 | 23c. NAME OF CEMETERY OR CREMATORY Fairport | 23d. LOCATION (City, town, or county) (State) Fairport Mo |
| 24. FUNERAL DIRECTOR Mayfield | ADDRESS Blue Springs Mo | 25. DATE RECD. BY LOCAL REG. 2-2-61 | 26. REGISTRAR'S SIGNATURE Ruth Long |

(Licensed Embalmer's Statement on Reverse Side)

NS FEB 20 1961

APR 19 1961

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 Charles E Mayfield

Licensed Embalmer No. 4638

P. O. Address Blue Springs

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 QWN handwriting.
If this body is not embalmed, fact should be so stated above.