

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023961

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1632

FILED JUN 26 1963

VS 300 Rev. 4/59  
1 0397  
2 0397  
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DATE AMENDED  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Greene</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>                   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Springfield</b>   |  | Length of stay in 1b<br><b>40 yrs</b>   | c. CITY OR TOWN <b>Springfield</b><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>D.O.A., Burge Hospital</b>  |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>310 Cordova Court</b><br>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                 |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>BONNIE B. NEAL</b>   |  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>June 20 1963</b>   |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Aug 2, 1884</b>  |
| 9. AGE (last birthday)<br><b>78</b>   |  | IF UNDER 1 YEAR<br>Months Days Hours Min.   | IF UNDER 24 HR<br>Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Own Home</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Earlville, Iowa</b>  |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U. S. A.</b>  |  | 13a. FATHER'S NAME<br><b>Cyrus G. Dake</b>  |   |
| 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Roland Neal</b>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |  | 16. SOCIAL SECURITY NO.<br><b>[Redacted]</b>  |   |
| 17. INFORMANT<br><b>Roland Neal, Springfield, Mo.</b>   |  | Address   |   |
| 18. CAUSE OF DEATH (Enter only one cause plus conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Probable Myocardial Infarction</b><br>DUE TO (b) <b>Coronary arteriosclerosis</b><br>DUE TO (c) |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>5 min</b>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Internal Cardiac Stenosis on Anticoagulants</b>   |  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20. 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<br>Hour a.m. p.m.<br>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.)  |  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE   |   |
| 21. I attended the deceased from <b>Aug '59</b> , to <b>6-20-63</b> and last saw him alive on <b>5-20-63</b> .<br>-Death occurred at <b>1:20 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.  |  |   |   |
| 22a. SIGNATURE (Degree or title)<br><b>Cecil A. Walker M.D.</b>   |  | 22b. ADDRESS<br><b>608 S. Stanton Springfield</b>   | 22c. DATE SIGNED<br><b>6-21-63</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>June 22, 1963</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Maple Park</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>Springfield, Mo.</b>  |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Jewell E. Windle, Springfield, Mo.</b>   |  | 25. DATE RECD. BY LOCAL REG.<br><b>6-24-63</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Effie S. Melton</b>   |

Cecil A. Walker, M.D.  
USE BLACK INK OR TYPEWRITER RIBBON

JUN 28 1963

JUL 12 1963

Permit 6-20-63

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 Bernard F Wright

Licensed Embalmer No. 4493

P. O. Address Springfield, 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.