

S. No. 300  
M-10-47  
v. 5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **32348**  
Registrar's No. **174**

FILED NOV 15 1948  
71  
Registration District No. \_\_\_\_\_

Primary Registration District No. **3012**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County **CLAY**  
(b) City or town **EXCELSIOR SPRINGS**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**EXCELSIOR SPRINGS HOSPITAL**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **8 HOURS**  
(Specify whether  
In this community **2 YEARS**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MISSOURI** (b) County **CLAY**  
(c) City or town **EXCELSIOR SPRINGS**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **109 SARATOGA ST.**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **SAMUEL W. NEILL**  
(b) If veteran, name war **NONE**  
(c) Social Security No. **NO**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **OCTOBER** day **28**  
year **1948** hour **2:30** minute \_\_\_\_\_ AM.  
21. I hereby certify that I attended the deceased from **March 11**  
**1947** to **October 28**, 19 **48**  
that I last saw him alive on **October 28**, 19 **48**  
and that death occurred on the date and hour stated above.

4. Sex **MALE** 5. Color or race **WHITE**  
6. (a) Single, widowed, married, divorced **WIDOWED**  
(b) Name of husband or wife **LOTTIE WILKIN**  
(c) Age of husband or wife if alive **Diseased** years  
7. Birth date of deceased **NOV. 29 1877**  
(Month) (Day) (Year)

Immediate cause of death  
**Coronary Thrombosis** Duration **10 hrs**  
Due to **Arteriosclerosis** years

8. AGE: Years Months Days If less than one day  
**70 10 29** hr. min.

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace **SIGNOURNEY IOWA**  
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMING**

11. Industry or business **NONE**

12. Name **SAMUEL NEILL**  
13. Birthplace **UNKNOWN** 9  
(City, town, or county) (State or foreign country)  
14. Maiden name **UNKNOWN JOHNSON**  
15. Birthplace **UNKNOWN** 9  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

16. (a) Informant **Sam W. Neill**  
(b) Address **107 1/2 W. SALEM, Indianola, Iowa**

17. (a) **REMOVAL** (b) Date thereof **OCT. 28, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **FT. DODGE IOWA**

18. (a) Signature of funeral director **Clayton Pritchard**  
(b) Address **Excelsior Springs, Mo.**

19. (a) **10/28/48** (b) **Caroline Halpin**  
(Date received local registrar) (Registrar's signature)

23. Signature **SR M. Cruden** (M. D. or other) **M.D.**  
Address **Excelsior Springs, Mo.** Date signed **10/28/48**

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

11-13-48

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 \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Lindell K. Jarnan*

Licensed Embalmer No. 4589

P. O. Address Excelsior 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 this body is not embalmed, fact should be so stated above.