

FILED MAR 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3904

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

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 59	
1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>Schuyler</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY (In this place) <u>15 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Downing</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GRIM-SMITH MEMORIAL HOSP.</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNIE</u>		b. (Middle) <u>MAY</u>		c. (Last) <u>NEIL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 13 49</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>4-11-81</u>		9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u>		11. BIRTHPLACE (State or foreign country) <u>Downing, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>HARVEY West</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ETTA WADDLE</u>		14. NAME OF HUSBAND OR WIFE <u>William Neil</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>TAKEN FROM HOSPITAL RECORDS, KIRKSVILLE MO</u>			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PERITONITIS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>PERFORATION OF INTESTINE</u> DUE TO (c) <u>RUPTURED APPENDIX 501</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CHOLECYSTITIS WITH STONES</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 WKS</u> <u>1 WK.</u> <u>2 WKS</u> <u>Sev. Yrs.</u>
19a. DATE OF OPERATION <u>2/1/49</u>		19b. MAJOR FINDINGS OF OPERATION <u>AS ABOVE</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT - WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1-29</u> , 19 <u>49</u> , to <u>2-13</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2-10</u> , 19 <u>49</u> , and that death occurred at <u>3:00P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>George E. Grim</u>				23b. ADDRESS <u>201 E. PATTERSON, KIRKSVILLE MO</u>		23c. DATE SIGNED <u>2-17-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2-13-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Schuyler Co. Mo</u>		
DATE REC'D BY LOCAL REG. <u>2-24-49</u>		REGISTRAR'S SIGNATURE <u>Walter Harshbarger</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Leop Moore Downing Mo</u>			

RECEIVED

District Health Officer No. 1

District File Number 2-49-30

Date Filed FEB 28 1949

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Lloyd Moore

Licensed Embalmer No. 3157

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