

FILED FEB 23 1949 **THE DIVISION OF HEALTH OF MISSOURI**
STANDARD CERTIFICATE OF DEATH

State File No. **3905**BIRTH NO. _____ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3900** Registrar's No. **55**

1. PLACE OF DEATH a. COUNTY Adair			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		
d. FULL NAME OF HOSPITAL OR INSTITUTION K.S.T.C. Library Bldg.			d. STREET ADDRESS (If rural, give location) 312 E. Randolph		
3. NAME OF DECEASED (Type or Print) a. (First) James		b. (Middle) Harvey		c. (Last) Neville	
4. DATE OF DEATH (Month) (Day) (Year) Feb. 18 1949		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 12/30/1895		9. AGE (In years last birthday) 53	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Professor		10b. KIND OF BUSINESS OR INDUSTRY K.S.T.C.		11. BIRTHPLACE (State or foreign country) Springfield, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Judge J.I. Neville		13b. MOTHER'S MAIDEN NAME Anna M. Hoover	
14. NAME OF HUSBAND OR WIFE Gladys Howey		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) No. 1 & No 2	
17. INFORMANT'S SIGNATURE OR NAME Gladys Neville, Kirksville, Mo.		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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary thrombosis	
INTERVAL BETWEEN ONSET AND DEATH 5 minutes		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION		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) m.	
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 Feb 18 1949 , to Feb 18 1949 , that I last saw the deceased alive on Feb 18 1949 , and that death occurred at 8:25 A m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Spencer L. Freeman M.D.		23b. ADDRESS Kirksville Mo.		23c. DATE SIGNED 2/18/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/20/49		24c. NAME OF CEMETERY OR CREMATORY Highland Park	
24d. LOCATION (City, town, or county) (State) Kirksville, Missouri		DATE REC'D BY LOCAL REG. Feb 19		REGISTRAR'S SIGNATURE Kate Lambert	
25. FUNERAL DIRECTOR'S SIGNATURE Paul M. Rice		ADDRESS Kirksville, Mo.			

VS. JUN 18 1949

FEB 24 1949

RECEIVED

District Health Officer No.

District File Number 249

Date Filed FEB 21 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Roy H. Mercer*

Licensed Embalmer No. *4432*

P. O. Address *Kirkville, 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.