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

FILED JUN 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5817 State File No. 16701
83-1-9 Registrar's No. 5

BIRTH NO. _____ REG. DIST. NO. 235 PRIMARY REG. DIST. NO. 83-1-9 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Rural "MELLCREEK"</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"Rural" "MELLCREEK" Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>7 Miles S.W. Syracuse</u>		d. STREET ADDRESS (If rural, give location) <u>7 Miles S.W. Syracuse</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Louis</u> c. (Last) <u>Mc Neal</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5/23/49</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>December, 23, 1860</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Franklin County, Missouri</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Richard Larimore</u>	13b. MOTHER'S MAIDEN NAME <u>No record</u>	14. NAME OF HUSBAND OR WIFE <u>Edward Mc Neal (Deceased)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ed Steel (Daughter of Florence, Mo)</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>592X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Hepatitis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Heart disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from Jan 1949 to 5/23, 1949, that I last saw the deceased alive on May 23 1949 and that death occurred at 8:15 m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <u>Ed Steel M.D.</u>	22b. ADDRESS <u>Ottumwa Mo</u>	22c. DATE SIGNED <u>5/24/49</u>
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23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5/26/49</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Olive Branch Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>5 Miles S.E. Syracuse, Mo</u>
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DATE REC'D BY LOCAL REG. <u>5/28/49</u>	REGISTRAR'S SIGNATURE <u>Myrtle Watson Miller</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James E. Richards - Lipton Mo</u>
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(Revised Embalmers' Statement on Reverse Side)

RECEIVED
JUN 2 1949
DIV. OF HEALTH
OF MISSOURI

RECEIVED
District Health Officer No.
District File Number 5-49-6
Date Filed 5.31.49

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.

Signed.....
Student Embalmer

Signed Jewell E. Richerson
Licensed Embalmer No. 2466
P. O. Address Lipton, W.

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.