

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29242**
Registrar's No. **85**

FILED SEP 29 1949

BIRTH NO. _____ REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **3006**

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Butler		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Appleton Twp	
c. LENGTH OF STAY (in this place) 3 days		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Community Hospital, Butler			

3. NAME OF DECEASED (Type or Print) a. (First) Flora b. (Middle) Fitel c. (Last) Neale			4. DATE OF DEATH (Month) (Day) (Year) Sept 17-1949		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH Dec 18-1898		9. AGE (In years last birthday) 38		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) 8 29	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Near Appleton City Mo	
12. CITIZEN OF WHAT COUNTRY? US		13a. FATHER'S NAME William C. Neale		13b. MOTHER'S MAIDEN NAME Mary Ann Fahram	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No.	
17. INFORMANT'S SIGNATURE OR NAME Walter Neale		ADDRESS Appleton City Mo			

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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction		ANTECEDENT CAUSES					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Mesenteric Thrombosis					
		DUE TO (c) Open Cystic Mastitis					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				Secondary anemia	
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) (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 **Sept 13, 1949**, to **Sept 17, 1949**, that I last saw the deceased alive on **Sept 12, 1949**, and that death occurred at **12:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. L. Hanner (Degree or title) M.D.		23b. ADDRESS Appleton City Mo		23c. DATE SIGNED 9-17-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 18 49		24c. NAME OF CEMETERY OR CREMATOR Appleton City Cem	
24d. LOCATION (City, town, or county) (State) Appleton City Mo		25. FUNERAL DIRECTOR'S SIGNATURE Frank Lee		ADDRESS Appleton City Mo	
DATE REC'D BY LOCAL REG. Sept. 17-1949		REGISTRAR'S SIGNATURE Kendall Perry			

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

RECEIVED

District Health Officer No. 71

District File Number 8-49-1164

Date Filed 9-28-49

DEC 28 1949

DEC 17 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 _____

on the 17th day of Sept 1949

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City 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.