

FILED DEC 28 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **40931**

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **5516** Registrar's No. **272**

| | | | | | |
|---|---|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Henry | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Henry | | |
| b. CITY (If outside corporate limits, write RURAL and give township) Rural | | c. LENGTH OF STAY (In this place) | c. CITY (If outside corporate limits, write RURAL and give township) Rural | | OR TOWN 0 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION His own home | | | d. STREET ADDRESS (If rural, give location) Springfield Township | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Neil c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) 12 18 1949 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH Feb 16, 1877 | | 9. AGE (In years last birthday) 72 |
| 10a. USUAL OCCUPATION (If the kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY ✓ | 11. BIRTHPLACE (State or foreign country) Ind. Henry County | | 12. CITIZEN OF WHAT COUNTRY? U.S. |
| 13a. FATHER'S NAME Alexander Neil | | 13b. MOTHER'S MAIDEN NAME Emma Hammagel | | 14. NAME OF HUSBAND OR WIFE Eve Jane Neil | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Neil Calhoun 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, ashenia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypostated pneumonia DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None | | | | INTERVAL BETWEEN ONSET AND DEATH 9824 |
| 19a. DATE OF OPERATION None | 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) Henry Mo | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 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 1-1-49 , 19___, to 12-18 , 1949, that I last saw the deceased alive on 12-17 , 1949, and that death occurred at 8 a.m. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE G. W. Ireland (Degree or title) V. M. | | 23b. ADDRESS Calhoun Mo | | 23c. DATE SIGNED 12-20-49 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Dec 20 | 24c. NAME OF CEMETERY OR CREMATORY Calhoun Cemetery | 24d. LOCATION (City, town, or county) (State) Calhoun Mo | | |
| DATE REC'D BY LOCAL REG Dec-20-49 | REGISTRAR'S SIGNATURE Florence Adams | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. H. Housey Calhoun Mo | | |

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

RECEIVED

District Health Officer No. 7,

District File Number 11-49-1507

Date Filed 12-27-49

18 1949

11911

Feb 10 1957

Robert

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 myself

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed J. A. Housey
Licensed Embalmer No. 3502

P. O. Address Calhoun Miss

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.