

FILED JAN 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1452

State File No. ....

BIRTH NO. .... REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 8

0484  
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give townships) <b>Independence</b>	c. LENGTH OF STAY (in this place) <b>22 Days</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Independence</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Independence Sanitarium</b>		d. STREET ADDRESS (If rural, give location) <b>825 South Leslie</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JOHN</b>	b. (Middle) <b>ROBERT</b>	c. (Last) <b>NEILL</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 8, 1950</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 9, 1887</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>29</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Crater</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Refrigeration</b>	11. BIRTHPLACE (State or foreign country) <b>River Falls, Wisconsin</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>David Neill</b>	13b. MOTHER'S MAIDEN NAME <b>Rosa Sophia Rising</b>	14. NAME OF HUSBAND OR WIFE <b>Myrtle G. Neill</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>397-03-3046</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Myrtle G. Neill, Independence, Mo.</b>	ADDRESS <b>Independence, Mo.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks + 1 week</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis with myocardial infarction</b>	DUE TO (b) <b>coronary sclerosis - years</b>	
	DUE TO (c) <b>None</b>		
	II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>		<b>4721</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 12/17, 1949, to 1/8, 1950, that I last saw the deceased alive on 1/8, 1950, and that death occurred at 12:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE <b>Vance E. Link, M.D.</b>	(Degree or title)	23b. ADDRESS <b>179 W Lexington, Independence, Mo.</b>	23c. DATE SIGNED <b>1/8/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>1/10/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mound Grove Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Jackson County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Jan 9, 1950</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Roland R. Speaks</b>	ADDRESS <b>Independence, Mo.</b>
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JAN 18 1950

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 *Stanley M. Seaton*

Licensed Embalmer No. 4504

P. O. Address Independence, Missouri

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.