

FILED MAR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8162

State File No.

1310

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

BIRTH NO. _____		REG. DIST. NO. <u>98</u>		PRIMARY REG. DIST. NO. <u>5359</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY <u>Daviess</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Grand River Twp.</u>			c. LENGTH OF STAY (in this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Grand River Township</u> <u>0310</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 Miles South Jameson, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>3 Miles South Jameson, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maggie</u>		b. (Middle) <u>Zona</u>		c. (Last) <u>McNeel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 11 1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug 8 1880</u>	
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>23</u>		IF UNDER 24 HRS. Hours _____ Mins. _____			
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>Own Home</u>			11. BIRTHPLACE (State or foreign country) <u>Daviess County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Austin Smith</u>			13b. MOTHER'S MAIDEN NAME <u>Perlina Mills</u>			14. NAME OF HUSBAND OR WIFE <u>W. O. McNeel</u>	
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>W.O. McNeel, Jameson, Mo.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General circulatory collapse</u> <u>4 days</u>					
		DUE TO (c) <u>Hypertensive cardio vascular disease</u> <u>unknown</u>					
		II. OTHER SIGNIFICANT CONDITIONS— Conditions contributing to the death but not related to the disease or condition causing death. <u>Adenomata of thyroid central and</u>					<u>443X</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>left lobe</u>					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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 10, 1946</u> , to <u>March 11, 1950</u> , that I last saw the deceased alive on <u>Mar 11, 1950</u> , and that death occurred at <u>6:35P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edward L. Englehart</u>				23b. ADDRESS <u>Gallatin, Missouri</u>		23c. DATE SIGNED <u>Mar. 18 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-13-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Gallatin, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>21 March 1950</u>		REGISTRAR'S SIGNATURE <u>Virginia M. Engelhart</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L.O. Reshman</u> <u>Hope Funeral Home, Gallatin, Mo.</u>			



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.....

.....
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed

L. O. Richerson

Licensed Embalmer No.

3307

P. O. Address

Fallston, Md.

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.