

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11836**

FILED APR 21 1950

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **70**

0042

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

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
a. COUNTY Audrain			a. STATE Missouri b. COUNTY Boone		
b. CITY OR TOWN Mexico		c. LENGTH OF STAY (in this place) 11 weeks	c. CITY OR TOWN Centralia		0100
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain County Hosp.			d. STREET ADDRESS (If rural, give location) 317 East Singleton St.		
3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) Mammie	b. (Middle) Eliza	c. (Last) Neale	(Month) April	(Day) 9	(Year) 1950
5. SEX Female	6. COLOR OR RACE white	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH April-29-1868	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 11 Days 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Monroe County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME M. M. Dawson		13b. MOTHER'S MAIDEN NAME Rebecca Thelkeld		14. NAME OF HUSBAND OR WIFE Andrew Neale	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Mrs. Clarence Seivers, Thompson, Mo. ADDRESS _____		
18. CAUSE OF DEATH			MEDICAL CERTIFICATION		
Enter only one cause per line for (a), (b), and (c)			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infirmities of old age		INTERVAL BETWEEN ONSET AND DEATH 7
*This does not mean the mode of dying, such as heart failure, asthma, etc.: It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES		
			DUE TO (b) Generalized arterio-sclerosis		15 yrs
			DUE TO (c) Hyper sensitive cardiovascular disease		?
			II. OTHER SIGNIFICANT CONDITIONS		
			Conditions contributing to the death but not related to the disease or condition causing death. Fracture of rt. hip		4 mo.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) Centralia	(COUNTY) Boone	(STATE) 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? 443X F		
22. I hereby certify that I attended the deceased from Jan 19, 1950 , to Apr. 9, 1950 , that I last saw the deceased alive on Apr 9, 1950 , and that death occurred at 9:10 am. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) P. J. Edmondson M.D.			23b. ADDRESS 101 W Singleton, Centralia		23c. DATE SIGNED Apr 10, '50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April-11-50	24c. NAME OF CEMETERY OR CREMATORY Centralia Cemetery	24d. LOCATION (City, town, or county) (State) Centralia, Missouri		
DATE REC'D BY LOCAL REG. April-10-50		REGISTRAR'S SIGNATURE Blanche Neely		25. FUNERAL DIRECTOR'S SIGNATURE Paul Q. Ballou ADDRESS Centralia, Mo.	

MAY 18 1950

RECEIVED APR 17 1950
District Health Officer No. 1
District File Number 4-50-6
Date Filed APR 17 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 *Paul G. Balliett*

Licensed Embalmer No. *4206*

P. O. Address *Centralia, 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.