

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12609

396
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BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 424

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived, or institution: residence, before admission) a. STATE MO b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Mt Vernon MO.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		d. STREET ADDRESS (If rural, give location) 0551	

3. NAME OF DECEASED (First) (Middle) (Last) Anna J Mc Neales			4. DATE OF DEATH (Month) (Day) (Year) May 3 - 1950		
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5. SEX Female	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 3/26-1890	9. AGE (In years last birthday) (Months) (Days) (If under 1 year) (If under 2 hrs.) 80 07 7
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Near Mt Vernon MO.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Clark Smith	13b. MOTHER'S MAIDEN NAME Lucinda Fanning	14. NAME OF HUSBAND OR WIFE William
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) no	17. INFORMANT'S SIGNATURE OR NAME Walter S Smith	ADDRESS Mt Vernon
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial infarction, acute		INTERVAL BETWEEN ONSET AND DEATH 24 hrs
	ANCECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease.		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. malnutrition		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)	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 **2/2/50**, to **2/3/50**, 19___, that I last saw the deceased alive on **2/3/50**, 19___, and that death occurred at **7:10 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Blendo T. ... M.D.	23b. ADDRESS Springfield, MO.	23c. DATE SIGNED 5/4/50
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24. BURIAL, CREMATION, REMOVAL (Specify) Removed	24b. DATE 5/3/50	24c. NAME OF CEMETERY OR CREMATORY 2007	24d. LOCATION (City, town, or county) (State) Mt Vernon MO
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DATE REC'D BY LOCAL REG. 5-4-50	REGISTRAR'S SIGNATURE M.E. Landry	25. FUNERAL DIRECTOR'S SIGNATURE Geo B Orr	ADDRESS Mt Vernon MO
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WRITE PLAINLY--USING UNFAADING BLACK INK--MAKE A PERMANENT RECORD

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 _____

George D Orr

Licensed Embalmer No. _____

946

P. O. Address _____

Mr Vernon T.

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.