

FILED MAY 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13642

State File No.

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 4267 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Odessa</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Odessa</u>	
c. LENGTH OF STAY (in this place) <u>2 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>506 So. 2nd St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>506 So. 2nd St.</u>		d. STREET ADDRESS (If rural, give location) <u>506 So. 2nd St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Permelia</u> b. (Middle) <u>Jane</u> c. (Last) <u>McNeel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 2 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 15 - 1956</u>
9. AGE (In years last birthday) <u>94</u>		10. MONTHS <u>7</u>	
11. DAYS <u>17</u>		12. HOURS <u>17</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Thone Jack. Jackson Co. U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>David Vanice</u>		13b. MOTHER'S MAIDEN NAME <u>Oriena Beeler</u>	
14. NAME OF HUSBAND OR WIFE <u>Paul 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>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jean McNeel</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.		19. ADDRESS <u>Odessa Mo.</u>	
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis, Chronic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>	
ANTECEDENT CAUSES			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) <u>Nephrosclerosis</u>		_____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>Apr 29, 1950</u> , to <u>May 2, 1950</u> , that I last saw the deceased alive on <u>May 1, 1950</u> , and that death occurred at <u>2:00 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. F. Slaughter, D.O.</u>		23b. ADDRESS <u>Odessa, Mo.</u>	
23c. DATE SIGNED <u>May 2 1950</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>May 4 - 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>McKindree</u>	
24d. LOCATION (City, town, or county) (State) <u>Lafayette Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Blinn & Son</u>	
DATE REC'D BY LOCAL REG. <u>May 3 - 1950</u>		REGISTRAR'S SIGNATURE <u>15 Deputy Emma Davidson</u>	
ADDRESS <u>Odessa Mo</u>		ADDRESS <u>Odessa Mo</u>	

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

RECEIVED **MAY 10**
District Health Officer No. 8,
District File Number _____
Date Filed 5/11/50

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 Clifton R. Blincoe

Licensed Embalmer No. 2945

P. O. Address Adrian, 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.