

FILED DEC 6 1950

STANDARD CERTIFICATE OF DEATH

State File No. **36145**

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **306**

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

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia	
d. FULL NAME OF HOSPITAL OR INSTITUTION 813 College Ave.		d. STREET ADDRESS (If rural, give location) 813 College Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) MILLER c. (Last) NEAL			4. DATE OF DEATH (Month) (Day) (Year) Nov. 21, 1950		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH June 9, 1901		9. AGE (In years last birthday) 49		IF UNDER 1 YEAR Days 5 Hours 12 IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Journalism Professor at University of Mo.			10b. KIND OF BUSINESS OR INDUSTRY DISTRY		11. BIRTHPLACE (State or foreign country) Wallingford, Conn.
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Robert Wilson Neal		13b. MOTHER'S MAIDEN NAME Stella Miller		14. NAME OF HUSBAND OR WIFE Helen F. Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. Robert M. Neal, Columbia, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shot wound in heart			8976X
		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) none DUE TO (c) _____			
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.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Columbia Boone Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 21 50 9:50 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Temple H. Mays (Degree or title) Coroner		23b. ADDRESS Columbia, Mo		23c. DATE SIGNED 11-23-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE Nov. 27, 1950		24c. NAME OF CEMETERY OR CREMATORY: Valhalla Crematory	
		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.			

DATE REC'D BY LOCAL REG. Nov 27 1950		REGISTRAR'S SIGNATURE Mrs. R.E. Palmer		25. FUNERAL DIRECTOR'S SIGNATURE Parker Funeral Service, Columbia, Mo	
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RECEIVED 12-5-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 12-5-50

DEC 13 1950

JAN 9 1951

JAN 31 1951

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.

Signed

Tom McHarg

Signed.....
Student Embalmer

Licensed Embalmer No. 4867

P. O. Address Columbia, 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.