

THIRD DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3805215

FILED DEC 4 1950

State File No.

850

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

BIRTH NO. _____		REG. (ST. NO. <u>290</u>)		PRIMARY REG. DIST. NO. <u>4430</u>		Registrar's No. <u>133</u>	
1. PLACE OF DEATH a. COUNTY <u>POLASKI</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polaski</u>			
b. CITY (If outside corporate limits, write RURAL and (or) TOWN) <u>CROCKER</u>		c. LENGTH OF STAY (in this place) <u>LIFE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>CROCKER</u>		0850	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROFUS</u>			b. (Middle) <u>Lindsay</u>		c. (Last) <u>NEAL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 18, 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>JANUARY 5, 1869</u>	9. AGE (In years last birthday) <u>81</u>	10. UNDER 1 YEAR Months <u>10</u> Days <u>13</u>	11. UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ELZAVAR NEAL</u>			13b. MOTHER'S MAIDEN NAME <u>ROXANA WHITNER</u>		14. NAME OF HUSBAND OR WIFE <u>NETTIE NEWTON NEAL</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hubert Neal Crocker</u> ADDRESS <u>Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Morbid conditions, (if any, giving rise to the above cause (a) being the underlying cause last.</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>age</u> II. OTHER SIGNIFICANT CONDITIONS <u>None</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>15 min.</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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>Nov. 18, 1950</u> to <u>Nov. 18, 1950</u> that I last saw the deceased alive on <u>Nov. 18, 1950</u> , and that death occurred at <u>11:20 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. M. W. M.D.</u>				23b. ADDRESS <u>Crocker Mo.</u>		23c. DATE SIGNED <u>Nov. 21, 1950</u>	
24a. BURIAL, CRIMINAL REMOVAL, ETC. (Specify) <u>BURIAL</u>		24b. DATE <u>11/20/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crocker Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Crocker Missouri</u>		
DATE REC'D BY LOCAL REG. <u>11-24-50</u>		REGISTRAR'S SIGNATURE <u>Phyllis C. Buckthorp</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter P. Hedges</u>		ADDRESS <u>Crocker Mo</u>	

RECEIVED 11-24-50
Pulaski County Health Officer
File Number
Date Filed 11-24-50

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 _____

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed _____

Walter P. Sledge

Licensed Embalmer No. _____

4265

P. O. Address _____

Theris M.

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.