

FILED DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40389**
Registrar's No. **2003**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield	c. LENGTH OF STAY (In this place) 12 days	c. CITY (If outside corporate limits, write RURAL and give township) 084 OR TOWN Fairplay	
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hospital		d. STREET ADDRESS (If rural, give location) 4 1/2 miles S. West Fairplay	

3. NAME OF DECEASED (Type or Print) a. (First) ELLA b. (Middle) MELISSA c. (Last) NEILL			4. DATE OF DEATH (Month) (Day) (Year) Dec. 11 1950			
5. SEX Female	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) n	8. DATE OF BIRTH Nov. 16, 1887	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Housework	11. BIRTHPLACE (State or foreign country) Cedar Co. Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME William Galvan		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Robert Neill Fairplay, Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.		16. SOCIAL SECURITY NO. no.		17. INFORMANT'S SIGNATURE OR NAME Charley Neill	
				ADDRESS Dummar, Mo.	

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		INTERVAL BETWEEN ONSET AND DEATH 296X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombocytopenic purpura, idiopathic		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. hemorrhagic purpura		
DUE TO (b) _____			
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.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT <input type="checkbox"/> WORK AT WORK	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **10 Dec, 1950**, to **11 Dec, 1950**, that I last saw the deceased alive on **11 Dec, 1950**, and that death occurred at **9:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Stanley S. Peterson M.D.		23b. ADDRESS Springfield, Missouri		23c. DATE SIGNED 11 Dec 50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/13/50	24c. NAME OF CEMETERY OR CREMATORY Lindley Grove Cemetery	24d. LOCATION (City, town, or county) (State) 6 miles west Fairplay, Mo.	
DATE REC'D BY LOCAL REG. 12-13-50		REGISTRAR'S SIGNATURE W.E. Handley M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Barker Ewin + Bhu. Fairplay, Mo.

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

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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 _____

Licensed Embalmer No. 4154

P. O. Address Bolivar, 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.