

FILED APR 30 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13589

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4437 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>PULASKI</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 give township) OR TOWN <u>CROCKER</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CROCKER</u>	
c. LENGTH OF STAY (in this place) <u>15 years</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GUY</u> b. (Middle) <u>ARNOLD</u> c. (Last) <u>McNeil</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 27 1951</u>		
5. SEX <u>MALE</u>		6. COLOR OF RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	
8. DATE OF BIRTH <u>Dec. 4, 1895</u>		9. AGE (In years last birthday) <u>75</u>		10. IF UNDER 1 YEAR Months <u>3</u> Days <u>23</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>John McNeil</u>		13b. MOTHER'S MAIDEN NAME <u>SARA MILNER</u>		14. NAME OF HUSBAND OR WIFE	
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 ADDRESS <u>ANN McNEIL CROCKER Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		DUE TO (b) <u>Hypertension: Arteriosclerosis</u>				<u>2 days</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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 <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</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) (Minute)		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 MAR 25, 1951, to MAR 27, 1951, that I last saw the deceased alive on MAR 25, 1951, and that death occurred at 6 A. m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>John A. Michalewicz D.O.</u>		23b. ADDRESS <u>Crocker, Mo.</u>		23c. DATE SIGNED <u>3-30-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3/31/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CROCKER Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>CROCKER Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter P. Nedger Crocker, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>4-23-51</u>		REGISTRAR'S SIGNATURE <u>Opal Ray</u>		489	

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

RECEIVED 4-23-51  
Pulaski County Health Officer  
File Number  
Date Filed 4-23-51

**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 Walter P. Wedge

Licensed Embalmer No. 4265

P. O. Address Berlin, 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.