

FILED JUL 12 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19629**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **5<sup>2</sup>** PRIMARY REG. DIST. NO. **5187** Registrar's No. **51**

1. PLACE OF DEATH a. COUNTY <b>Cape</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Dutchtown, Hubble Co.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Caruthersville, Missouri 0782</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Dutchtown, Missouri</b>		d. STREET ADDRESS (If rural, give location) <b>706 Eastwood C'ville. Mo.</b>	
3. NAME OF DECEASED a. (First) <b>Juanita</b> b. (Middle) <b>McClanahan</b> c. (Last) <b>Neal</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 22 1951</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 20, 1907</b>
9. AGE (In years) Last birthday <b>44</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	11. BIRTHPLACE (State or foreign country) <b>Caruthersville, Missouri</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Dave McClanahan</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Barnes</b>	14. NAME OF HUSBAND OR WIFE <b>Vent Neal C'ville. Mo.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>97-03-6363</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Missouri Powell C'ville. Mo.</b>
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) <b>Broken Neck</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <b>016</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Dutchtown</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Dutchtown Cape Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>June 22 1951 6-A</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Accident - on road</b>	
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 <b>6 Am.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>E. R. Britten</b>		23b. ADDRESS <b>3-Corview St. Pacific St. Cape Mo.</b>	23c. DATE SIGNED <b>June 21-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>June 22, '51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Maple Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Caruthersville, Missouri</b>
DATE REC'D BY LOCAL REG. <b>July 2-51</b>	REGISTRAR'S SIGNATURE <b>B. G. Seibert 43</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>H.S. Smith Funeral Home C'Ville. Mo.</b>	

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

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RECEIVED

JUL 11 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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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.

Signed Howard B. Haman.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 4122.....

P. O. Address Cape Girardeau.....

**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.