

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19630**

FILED JUL 12 1951

BIRTH NO. _____ REG. DIST. NO. **32** PRIMARY REG. DIST. NO. **3787** Registrar's No. **32**

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

1. PLACE OF DEATH a. COUNTY Cape		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dutchtown, Hubbs Pm Tourist		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caruthersville, Missouri	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Dutchtown, Missouri		d. STREET ADDRESS (If rural, give location) 706 Eastwood, Caruthersville, Mo	

3. NAME OF DECEASED (Type or Print) a. (First) Vent b. (Middle) Neal c. (Last) Neal			4. DATE OF DEATH (Month) (Day) (Year) June 22 1951		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 3, 1902	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months 1	IF UNDER 24 HRS. Hours 1	IF UNDER 2 HRS. Min. 1
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian	10b. KIND OF BUSINESS OR INDUSTRY County Courthouse	11. BIRTHPLACE (State or foreign country) Caruthersville, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Wyatt Neal	13b. MOTHER'S MAIDEN NAME Rosa Anna Anderson	14. NAME OF HUSBAND OR WIFE Juanita McClanahan Neal
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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. 489-26-4533	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rosa Anna Neal Lilbourn, Missouri
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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 8816' 26
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Compound Skull Fracture		
	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 816	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Dutchtown	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Dutchtown, Cape Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 22, 1951 6A^m	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Accident OMVeh
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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 **6 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. B. Trickett, 3	23b. ADDRESS Carion 4-1 Pacific St. Cape	23c. DATE SIGNED June 22 51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE June 22, 1951	24c. NAME OF CEMETERY OR CREMATORY Maple Cemetery	24d. LOCATION (City, town, or county) (State) Caruthersville, Missouri
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DATE REC'D BY LOCAL REG. July 2, 51	REGISTRAR'S SIGNATURE D. L. L...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.S. Smith Funeral Home C'ville. Mo.
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RECEIVED

JUL 11 1951

DISTRICT HEALTH OFFICE No.

File No.....

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. Hamman.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4182.....

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.