

5. No. 300
7. 10. 48

FILED JUL 17 1951

THE DIVISION OF HEALTH OF THE STATE OF TEXAS
STANDARD CERTIFICATE OF DEATH

State File No. **22020**

Registrar's No. **34**

BIRTH NO. _____ REG. DIST. NO. **30** PRIMARY REG. DIST. NO. **05104**

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY BENTON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE TEXAS b. COUNTY POTTER | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WARSAW | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN AMARILLO | |
| c. LENGTH OF STAY (in this place) 3 months | | d. STREET ADDRESS (If rural, give location) ✓ | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | 4. DATE OF DEATH (Month) (Day) (Year) July 12 1951 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) SALLEY b. (Middle) NEAL c. (Last) HALL | | 5. SEX FEMALE 6. COLOR OR RACE White | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED ✓ | | 8. DATE OF BIRTH Oct 20, 1865 | |
| 9. AGE (In years) (last birthday) 85 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | |
| 11. BIRTHPLACE (State or foreign country) Georgia | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME A.C. Neal | | 13b. MOTHER'S MAIDEN NAME Sarah Bird | |
| 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) NO | |
| 16. SOCIAL SECURITY NO. NO. | | 17. INFORMANT'S SIGNATURE OR NAME N.W. Brown ADDRESS Warsaw | |
| 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) Senility INTERVAL BETWEEN ONSET AND DEATH unk. 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 794x | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | 21a. ACCIDENT (Specify) SUICIDE HOMICIDE | |
| 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 June, 1951, to 12 July, 1951 , that I last saw the deceased alive on 8 July, 1951 , and that death occurred at 4 P.M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE David H. Glenn (Degree or title) | | 23b. ADDRESS Warsaw Mo | |
| 23c. DATE SIGNED 12 July 51 | | 24. NAME OF CEMETERY OR CREMATORY Amarillo, Texas | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. LOCATION (City, town, or county) (State) Amarillo Texas | |
| 24c. DATE July 12, 1951 | | 24d. LOCAL REGISTRAR'S SIGNATURE John F. Neeser ADDRESS Warsaw Mo | |
| DATE REC'D BY LOCAL REG. July 13, 1951 | | 25. FUNERAL DIRECTOR'S SIGNATURE John F. Neeser ADDRESS Warsaw Mo | |

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

RECEIVED 7-16-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 7-16-51

ATTN: 1017

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 *John F. Reser*
Licensed Embalmer No. 4098

P. O. Address *Warsaw*

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.