

FILED JUL 30 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23405

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

BIRTH NO.		REG. DIST. NO. 156	PRIMARY REG. DIST. NO. 201	Registrar's No. 340
1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Joplin</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Joplin</b> 0495
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>FREEMAN Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>418 W 30th</b>		
3. NAME OF DECEASED (Type or Print) <b>GEORGE</b>		a. (First) <b>NEAL</b>	b. (Middle)	c. (Last)
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>4. 28-1889</b>
9. AGE (In years last birthday) <b>62</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MANAGER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>MEAT PACKING INDUSTRY</b>	11. BIRTHPLACE (State or foreign country) <b>WICHITA KAN -</b>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>GEORGE W NEAL</b>		
13b. MOTHER'S MAIDEN NAME <b>CLENDORA GIBSON</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs HAZEL NEAL</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <b>49-01-5841</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Hazel Neal</b> ADDRESS <b>Joplin, 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 hours</b>
ANTECEDENT CAUSES		DUE TO (b)		
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 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 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 <b>7-20</b> , 19 <b>51</b> , to <b>7-20</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>7-20</b> , 19 <b>51</b> , and that death occurred at <b>11:45 p.</b> m., from the causes and on the date stated above.				
23a. SIGNATURE <b>Schaebel</b>		23b. ADDRESS <b>Joplin Mo</b>		23c. DATE SIGNED <b>7-23-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>7/24/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>OZARK MEM. PK</b>
24d. LOCATION (City, town, or county) (State) <b>Joplin Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>But Glover</b> ADDRESS <b>MORTUARY</b>		
DATE REC'D BY LOCAL REG. <b>7-23-51</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		

RECEIVED 9-28-51  
Jasper County Health Office

County File Number 51/7/597  
Date Filed 9-28-51

APR 12 1955

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Pat G. Hale*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4771

P. O. Address Joplin, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.