

FILED SEP 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27813

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>5935</u>		Registrar's No. <u>269</u>		
1. PLACE OF DEATH a. COUNTY <u>Pettis 0800</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. LENGTH OF STAY (In this place) <u>39 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia 0800</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Buena Vista Home</u>				d. STREET ADDRESS (If rural, give location) <u>Buena Vista Home</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edith</u> b. (Middle) <u>MARIAH</u> c. (Last) <u>McNeal</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 24 - 1951</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Oct 30 - 1886</u>		
9. AGE (In years last birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>East St Louis Ill</u>		
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? <u>W. S. A.</u>		13a. FATHER'S NAME <u>Hopkins</u>		13b. MOTHER'S MAIDEN NAME <u>Sophia Simmons</u>		
13c. NAME OF HUSBAND OR WIFE <u>Savellon Mc Neal</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 date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Geo. Edwards</u>		17. INFORMANT'S SIGNATURE OR NAME		17. INFORMANT'S SIGNATURE OR NAME		17. INFORMANT'S ADDRESS <u>Syracuse Mo</u>		
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) <u>Carcinoma of Alaruch</u> 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.					INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>151X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>Aug 1 - 1951</u> , to <u>Aug 24, 1951</u> , that I last saw the deceased alive on <u>Aug 22, 1951</u> , and that death occurred at <u>5:30 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Ed Snively MD</u>				23b. ADDRESS <u>Sedalia Mo</u>		23c. DATE SIGNED <u>8/25-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-25-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>		
DATE REC'D BY LOCAL REG. <u>8-25-51</u>		REGISTRAR'S SIGNATURE <u>R. Campbell MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mc Laughlin Bros Sedalia Mo</u>				

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

RECEIVED 9-4-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-4-51 _____

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed *KPM Crary* _____

Signed _____
Student Embalmer

Licensed Embalmer No. 3153 _____

P. O. Address *Sedalia 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.