

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 60 PRIMARY REG. DIST. NO. 4106 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jerico Springs, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jerico Springs, Mo</u>	
c. LENGTH OF STAY (If applicable) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bannister Clinic</u>			

3. NAME OF DECEASED a. (First) <u>WILLIAM</u> b. (Middle) <u>TALBOTT</u> c. (Last) <u>NEALE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 1, 1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>June 23, 1876</u>		9. AGE (In years last birthday) <u>75</u>		10. UNDER 1 YEAR Days <u>8</u> Hours <u>8</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Doctor (ret)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dentist</u>		11. BIRTHPLACE (State or foreign country) <u>Carrollton, Missouri</u>	
12. COUNTRY OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>John T. Neale</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Gaines</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 dates of service) <u>No</u> <u>None</u>		16. SOCIAL SECURITY NO. <u>522-07-5726</u>		17. INFORMANT'S SIGNATURE OR NAME <u>C.W. Neale, Stockton, Mo.</u>	
				ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxia with edema of lung</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			3 wk	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			2.5 hr	
		DUE TO (b) <u>Chronic Bronchial</u>				
		DUE TO (c) <u>asphyxia</u>				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>241X</u>		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 3-49-19 to 3-1-1952, that I last saw the deceased alive on 3-1-1952, and that death occurred at 12:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>G.B. Bannister MD</u>		23b. ADDRESS <u>Jerico Springs</u>		23c. DATE SIGNED <u>3-2-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-3-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stockton City</u>	
				24d. LOCATION (City, town, or county) (State) <u>Cedar County, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>3/12/52</u>		REGISTRAR'S SIGNATURE <u>Mrs. Wilbur Ellis</u>		FUNERAL DIRECTOR'S SIGNATURE <u>John A. Cantlon</u>	
				ADDRESS <u>Stockton, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

200
0

FILED APR 26 1952

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 A. Cantlon.....

Licensed Embalmer No. 4387.....

P. O. Address Stockton, Md.....

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.