

No. 300
10.48

FILED JUL 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21055

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY LAWRENCE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY LAWRENCE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aurora Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aurora MO 0551	
c. LENGTH OF STAY (in this place) 2 years		d. STREET ADDRESS (If rural, give location) 222 W. Pleasant	
d. FULL NAME OF HOSPITAL OR INSTITUTION Aurora Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) DENTON b. (Middle) AILEEN c. (Last) NEAL			4. DATE OF DEATH (Month) (Day) (Year) July 5 1952		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	
8. DATE OF BIRTH NOV 24 - 1876		9. AGE (in years last birthday) 75		10. F UNDER 1 YEAR 7 11. F UNDER 1 HR. 11	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Railroad Section Foreman		10b. KIND OF BUSINESS OR INDUSTRY Tennessee		11. BIRTHPLACE (City and State or Foreign Country) 1 U.S.A.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Ruth Neal	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 702-133008		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruth Neal Aurora MO	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prostatic Obstruction		DUE TO (b) Ch Myocarditis				1 day -	
II. OTHER SIGNIFICANT CONDITIONS Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Wrenia		DUE TO (c) Wrenia				7	
III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						18 hrs -	

19a. DATE OF OPERATION 7-4-52		19b. MAJOR FINDINGS OF OPERATION Urinary Retention				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) 4222			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 July 4, 1952, to July 5, 1952, that I last saw the deceased alive on July 5, 1952, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE R. L. Cowan (Degree or title)		23b. ADDRESS M.D. Aurora Mo		23c. DATE SIGNED 7-8-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 6, 1952		24c. NAME OF CEMETERY OR CREMATORY Maple Park Cem.	
				24d. LOCATION (City, town, or county) Aurora, Mo (State)	

DATE REC'D BY LOCAL REG. July 9-52		REGISTRAR'S SIGNATURE Ora. Mc Natt 157		25. FUNERAL DIRECTOR'S SIGNATURE Oscar S. Marsh Aurora Mo		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

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ack
11-5-52
my

257 101

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 _____

myself

Student Embalmer No. _____

working under my personal supervision.

Signed *Gene H. Parrent*
Licensed Embalmer No. *4809*
P. O. Address *Aurora, Mo.*

Student
Student Embalmer

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.