

FILED JUL 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23387

BIRTH NO. _____ REG. DIST. NO. 353 PRIMARY REG. DIST. NO. 6196 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Levas</u>		2. USUAL RESIDENCE (Where deceased lived. If in institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Levas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Licking</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Lynch 1070</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>137th West of Licking Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LEWIS</u> b. (Middle) <u>H.</u> c. (Last) <u>NEAL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-3-1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>5-6-1877</u>
9. AGE (In years last birthday) <u>75-1-37</u>	10. KIND OF BUSINESS OR INDUSTRY <u>General Store</u>	11. BIRTHPLACE (State or foreign country) <u>Merley Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Merchant</u>	13a. FATHER'S NAME <u>Henderson Neal</u>	13b. MOTHER'S MAIDEN NAME <u>Louisa Walton</u>	14. NAME OF HUSBAND OR WIFE <u>Edna Neal</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>[check]</u>	INFORMANT'S SIGNATURE AND NAME ADDRESS <u>Edna Neal - Licking 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>Cornary Thrombosis</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.	
19a. DATE OF OPERATION <u>no</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<u>4201</u>
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) (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 <u>1951</u> to <u>July 3</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>7-3</u> , 19 <u>52</u> , and that death occurred at <u>4:26 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Death or title) <u>Lester Randall MD</u>		23b. ADDRESS <u>Licking Mo</u>	23c. DATE SIGNED <u>7/17/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-6-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Upton Camp</u>	24d. LOCATION (City, town, or county) (State) <u>Levas Mo</u>
DATE REC'D BY LOCAL REG. <u>July 8, 1952</u>	REGISTRAR'S SIGNATURE <u>Elvira Nease</u> 324	25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith Ferguson</u>	ADDRESS <u>Licking Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

070
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Miss A. H. ...

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 *Hubert Ferguson*.....

Licensed Embalmer No. *3945*.....

P. O. Address *Picking 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.