

FILED SEP 11 1952

STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 129

1. PLACE OF DEATH
 a. COUNTY Grundy County *0402*
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton
 c. LENGTH OF STAY (in this place) 6 wks
 d. FULL NAME OF HOSPITAL OR INSTITUTION Neal Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Mo b. COUNTY Mercer
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mill Grove, Mo
 d. STREET ADDRESS (If rural, give location) _____

3. NAME OF DECEASED
 a. (First) Della b. (Middle) _____ c. (Last) Neill

4. DATE OF DEATH
 (Month) (Day) (Year)
9-8-52

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Widow

8. DATE OF BIRTH 9-22-1869

9. AGE (In years last birthday) 82

IF UNDER 1 YEAR: Months _____ Days _____
 IF UNDER 10 HRS: Hours _____ Mins _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country)
Missouri

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
John Owen

13b. MOTHER'S MAIDEN NAME
Margaret Logan

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)
no

16. SOCIAL SECURITY NO.
no

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Byron Neill Mill Grove, 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
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage (apoplexy)
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Arterio-sclerosis
 DUE TO (c) Senility
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
3 or 4 day
few yrs

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION
331X

20. AUTOPSY?
 YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
None

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from July 22, 1951, to 9-8-, 1952, that I last saw the deceased alive on 9-5-, 1952, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
W.H. Sellers M.D.

23b. ADDRESS
Trenton, Mo.

23c. DATE SIGNED
9-8-52

24a. BURIAL, CREMATION, OR OTHER REMOVAL (Specify)
burial

24b. DATE
9-9-52

24c. NAME OF CEMETERY OR CREMATORY
Salem

24d. LOCATION (City, town, or county) (State)
Mercer Co., Mo

DATE REC'D BY LOCAL REG.
9-8-52

REGISTRAR'S SIGNATURE
Irene Fair

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Noel Moss Princeton, Mo

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

OCT 8 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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Paul Moss

Licensed Embalmer No. 2634

P. O. Address Princeton N.J.

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.