

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37521**

FILED NOV 18 1952

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 380

0013

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

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY (in this place) <u>6 Days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Union Township,</u>	
		d. STREET ADDRESS (If rural, give location) <u>Unionville R.F.D.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARK</u> b. (Middle) <u>AVON</u> c. (Last) <u>Neighbors</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov-3-1952</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify). <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>MARCH-26-1935</u>	9. AGE (In years last birthday) <u>17</u>	10. MONTHS <u>7</u> DAYS <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM Boy</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (State or foreign country) <u>Putnam County Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>VERN B Neighbors</u>	13b. MOTHER'S MAIDEN NAME <u>ANDRA JOHNSON</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Dwight M. Kay</u> ADDRESS <u>Unionville Mo.</u>
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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) <u>Poliomyelitis (bulbar type)</u> <u>9 days</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>associated encephalitis</u> <u>9 days</u> 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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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 10/28, 1952, to 11/3, 1952, that I last saw the deceased alive on 11/2, 1952, and that death occurred at 2:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>D. M. McClure, Jr.</u> (Degree or title)	23b. ADDRESS <u>Kirksville, Mo.</u>	23c. DATE SIGNED <u>Nov. 7, 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov-5-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Unionville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Unionville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11-13-52</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert B. Davis</u> ADDRESS <u>Kirksville, Mo.</u>
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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 _____

Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Hicksville, 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.