

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37662**

FILED NOV 17 1952

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **5120** Registrar's No. **301**

6120
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia 0105	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Higway 40 East - Columbia Tp.		d. STREET ADDRESS (If rural, give location) 813 College Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) RUTH	b. (Middle)	c. (Last) NEAL	4. DATE OF DEATH (Month) (Day) (Year) Nov. 7, 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Dec. 15, 1934	9. AGE (In years last birthday) 17 IF UNDER 1 YEAR Months 10 Days 22 IF UNDER 2 HRS. Hours — Min. —
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student - University	10b. KIND OF BUSINESS OR INDUSTRY Of Missouri	11. BIRTHPLACE (City and State or Foreign Country) Springfield, Mass.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Robert Miller Neal	13b. MOTHER'S MAIDEN NAME Helen Smith	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Robert M. Neal, Columbia, Mo.	ADDRESS
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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 immediate
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Laceration Spinal Cord + Brain		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture of base of skull DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Severe abdominal Trauma			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 1111	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 40	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Columbia Boone Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11 7:52 10⁴⁵ A.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Drove into side of truck
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22. I hereby certify that I attended the deceased from **11/7/52**, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **10:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Henry Sweet Jr M.D. 3 Coroner	23b. ADDRESS 909 University Ave Columbia Mo	23c. DATE SIGNED 11/11/52
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24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE Nov. 9, 1952	24c. NAME OF CEMETERY OR CREMATORY Columbia Cemetery	24d. LOCATION (City, town, or county) (State) Columbia, Missouri
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DATE REC'D BY LOCAL REG. Nov 11 1952	REGISTRAR'S SIGNATURE Mrs. R.E. Palmer 31	25. FUNERAL DIRECTOR'S SIGNATURE Parker Funeral Service, Columbia, Mo.	ADDRESS
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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

J. W. Phillips

Licensed Embalmer No. 4897

P. O. Address Columbia, 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.