

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38260

FILED NOV 25 1952

BIRTH NO. REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 1446 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY Gentry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gentry									
b. CITY (If outside corporate limits, write RURAL and give township) Rural Cooper		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Rural Cooner		d. STREET ADDRESS (If rural, give location) N. E. of Stanberry, Mo.							
d. FULL NAME OF HOSPITAL OR INSTITUTION N. E. of Stanberry, Mo.				d. STREET ADDRESS (If rural, give location) N. E. of Stanberry, Mo.									
3. NAME OF DECEASED (Type or Print) Olgra			a. (First) L.		b. (Middle) Neal		c. (Last)						
4. DATE OF DEATH Nov. 10, 1952			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 18, 1886		9. AGE (In years last birthday) 66						
5. SEX Male		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Gentry County, Mo.					
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME Joab Neal			13b. MOTHER'S MAIDEN NAME Caroline Alexander			14. NAME OF HUSBAND OR WIFE Eliza Neal					
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.		17. INFORMANT'S SIGNATURE OR NAME Mrs. O. I. Neal				ADDRESS Stanberry, 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, ashenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)				MEDICAL CERTIFICATION Coronary Occlusion				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		4201			
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) m.			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 Nov 10, 1952, to Nov 10, 1952, that I last saw the deceased alive on Nov 10, 1952, and that death occurred at 8 AM m., from the causes and on the date stated above.													
23a. SIGNATURE O. Williams						23b. ADDRESS Gentry Mo			23c. DATE SIGNED 11-17-52				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 12, 1952		24c. NAME OF CEMETERY OR CREMATORIAL Hall Cemetery			24d. LOCATION (City, town, or county) (State) West of Albany, Mo.						
DATE REC'D BY LOCAL REG. Nov 17-52		REGISTRAR'S SIGNATURE Maude Williams			25. FUNERAL DIRECTOR'S SIGNATURE Clifford Cook			ADDRESS Albany Mo					

(Licensed Embalmer's Statement on Reverse Side)

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

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 Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address Albany 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.