S. No. 300
EV. 10.48

FILED JAN 31 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 486

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 44

1. PLACE OF DEATH
a. COUNTY: Calloway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton Mo
c. LENGTH OF STAY (In this place): 2 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital no 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: mo
b. COUNTY: Morgan
c. CITY OR TOWN: Versailles
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 6710 1

3. NAME OF DECEASED (Type or Print)
a. (First): Henry
b. (Middle):
c. (Last): McNeil

4. DATE OF DEATH (Month) (Day) (Year): Jan 29 1953

5. SEX: mal
6. COLOR OR RACE: black
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced
8. DATE OF BIRTH: Jan 12, 1868
9. AGE (In years last birthday): 95 — IF UNDER 1 YEAR: Months: ; Days: 17 — IF UNDER 24 HRS.: Hours: ; Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY: Common labor
11. BIRTHPLACE (City and State or Foreign Country): McAlister Okla
12. CITIZEN OF WHAT COUNTRY?: U.S

13a. FATHER'S NAME: not known
13b. MOTHER'S MAIDEN NAME: not known
14. NAME OF HUSBAND OR WIFE: Alice Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 0K
17. INFORMANT'S SIGNATURE OR NAME: Social security Comm — **ADDRESS**: Versailles

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): 4500

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 ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 7 *, 19*53*, to* Jan 29 *, 19*53*, that I last saw the deceased alive on* Jan 28 *, 19*53*, and that death occurred at* 11a *m., from the causes and on the date stated above.*

23a. SIGNATURE: J R Hunter
(Degree or title): MD
23b. ADDRESS: Fulton Missouri
23c. DATE SIGNED: Jan 29/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 31-1953
24c. NAME OF CEMETERY OR CREMATORY: Versailles City
24d. LOCATION (City, town, or county) (State): Versailles, Mo

DATE REC'D BY LOCAL REG.: Jan. 29. 1953
REGISTRAR'S SIGNATURE: Maretta Lawrence
25. FUNERAL DIRECTOR'S SIGNATURE: W. T. Kidwell — **ADDRESS**: Versailles, 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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Eric N. Bartram

Licensed Embalmer No. 402

P. O. Address Versailles, Ky

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.