

FILED JUL 13 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20775

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>745</u>			
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>50 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		0117 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2809 Monterey St.</u>				d. STREET ADDRESS (If rural, give location) <u>2809 Monterey St.</u>					
3. NAME OF DECEASED (Type or Print) <u>Darrell Clinton Neel</u>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH <u>July 2, 1953</u>		(Month)		(Day)		(Year)			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>December 18, 1880</u>		9. AGE (In years last birthday) <u>72-13</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret. president</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Seitz Packing Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bland County, Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Jesse Neel</u>			13b. MOTHER'S MAIDEN NAME <u>Minavera Emschwiler</u>			14. NAME OF HUSBAND OR WIFE <u>Frances</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>unk.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Frances Neel, 2809 Monterey St., St. Joseph,</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhages</u>		ANTECEDENT CAUSES <u>multiple.</u>				<u>3 yrs.</u>			
DUE TO (b) _____		DUE TO (c) <u>arterio-sclerosis</u>				<u>5 yrs.</u>			
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: <u>331X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)		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 <u>8/29</u> 19 <u>50</u> , to <u>7-2</u> 19 <u>53</u> , that I last saw the deceased alive on <u>4/28</u> 19 <u>53</u> , and that death occurred at <u>1:00 a.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Frank Vandegau, M.D.</u>				23b. ADDRESS <u>670 Thoracic City</u>		23c. DATE SIGNED <u>7/2/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>7/3/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>July 8, 1953</u>		REGISTRAR'S SIGNATURE <u>Evelyn M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Neaton-Bowman Funeral Home</u> ADDRESS <u>St. Joseph, Mo.</u>					

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

Can be used for any purpose

AUG 31 1954

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 William Spalding  
.....

Licensed Embalmer No. 4535

P. O. Address 3195 17th St Wash DC, MD

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 20775  
Local Registrar's No. 745

State of Missouri }  
County of Buchanan } ss.

**AFFIDAVIT FOR CORRECTION OF A RECORD**

On this 27th day of July, 1953, before me appears Mrs. Frances W. Neel, who, upon her oath, states that the original record of ~~XXXX~~ death for Darrell Clinton Neel <sup>died</sup> ~~born~~ July 2, 1953 in the State of Missouri, and which was filed at \_\_\_\_\_ on \_\_\_\_\_, 19\_\_\_\_, should be corrected as follows:

Item No. 8 should read December 18, 1880

Instead of December 18, 1879

Item No. 9 should read 72

Instead of 73

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Frances Helen Neel Wife  
Relationship.

2809 Monterey St Joplin Mo.  
Present Address.

Subscribed and sworn to before me this 27th day of July, 1953

My Commission expires June 6, 1956 C. Gordon Marcum Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

1953

5-20775

