

FILED JAN 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43667

BIRTH NO. 124		REG. DIST. NO. 215		PRIMARY REG. DIST. NO. 4327		Registrar's No. 14	
1. PLACE OF DEATH a. COUNTY Miller				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Iberia		c. LENGTH OF STAY (in this place) 1 Week		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Pulaski 0850			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Bell			b. (Middle) Cora			c. (Last) Nealy	
4. DATE OF DEATH (Month) (Day) (Year) 12 31 1953		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 12/25/1873		9. AGE (In years last birthday) 80		10. UNDER 1 YEAR Months 0		11. UNDER 12 Mths. Days 6	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Arkansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME William Meek		13b. MOTHER'S MAIDEN NAME Elizabeth Edmonds		14. NAME OF HUSBAND OR WIFE S. N. Nealy			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Dorsey Ray, Dixon, Missouri			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) coronary artery DUE TO (c) heart disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 weeks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				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 Dec 10, 1953 to Dec 22, 1953, that I last saw the deceased alive on Dec 22, 1953, and that death occurred at 10:00 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. E. W. W. W. M.D.				23b. ADDRESS Waynesville, Mo		23c. DATE SIGNED Jan 3-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/3/1954		24c. NAME OF CEMETERY OR CREMATORY Fox Crossing Cemetery		24d. LOCATION (City, town, or county) (State) Pulaski County, Missouri	
DATE RECD BY LOCAL REG. JAN 7-1954		REGISTRAR'S SIGNATURE Jessie Perkins 952		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fred H. Gilbert, Dixon, Missouri			

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 21 1954

MISSOURI HEALTH
DEPARTMENT

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 _____

12931-52

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Fred H. Gilbert

Licensed Embalmer No. _____

P. O. Address Dixon, Missouri

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.