

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8386**
Registrar's No. **548**

BIRTH NO. **FILED APR 12 1954** REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023**

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| 1. PLACE OF DEATH a. COUNTY Henry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Missouri b. COUNTY Henry | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton | |
| c. LENGTH OF STAY (In this place) 16 Days | | d. STREET ADDRESS (If rural, give location) 102 East Tebo | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Wetzel Hospital | | | |

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|---|-------------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) Ralph b. (Middle) E. c. (Last) Neale | | | 4. DATE OF DEATH (Month) (Day) (Year) April 4, 1954 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Feb. 20, 1895 | 9. AGE (In years last birthday) 59 | IF UNDER 1 YEAR: Months 1 Days 14 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Stockman | 11. BIRTHPLACE (City and State or Foreign Country) Appleton City, Mo. | | 12. CITIZEN OF WHAT COUNTRY? Usa. |

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| 13a. FATHER'S NAME William C. Neale | 13b. MOTHER'S MAIDEN NAME Mary Fahrion Neale | 14. NAME OF HUSBAND OR WIFE Viola B. Neale |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no | 16. SOCIAL SECURITY NO. 493-12-3862 | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Viola B. Neale | ADDRESS 102 E. Tebo Clinton, Mo. |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) METASTATIC CARCINOMA OF BOTH LUNGS | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CARCINOMA OF RIGHT KIDNEY DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 180x | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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 **3-19-1954**, to **4-4-1954**, that I last saw the deceased alive on **4-3-54**, 19**54** and that death occurred at **6:45** m., from the causes and on the date stated above.

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| 23a. SIGNATURE Gus J. [Signature] | (Degree or title) D.O. | 23b. ADDRESS 105 E Ohio Clinton | 23c. DATE SIGNED 4-5-54 |
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|---|--------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE April 6, 1954 | 24c. NAME OF CEMETERY OR CREMATORY Appleton City Cemetery | 24d. LOCATION (City, town, or county) (State) Appleton City, Mo. |
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| DATE REC'D BY LOCAL REG. 4-6-54 | REGISTRAR'S SIGNATURE Florence Adair | 25. FUNERAL DIRECTOR'S SIGNATURE W. [Signature] | ADDRESS Clinton, Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48
122
0

0201 81 11 15 1101

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, ~~as by~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

H. A. Tausant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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.