

FILED APR-26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12757

BIRTH NO. _____		REG. DIST., NO. 226		PRIMARY REG. DIST. NO. 4338		Registrar's No. 13	
1. PLACE OF DEATH a. COUNTY MONROE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY MONROE			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN MONROE CITY		c. LENGTH OF STAY (in this place) 14 MONTHS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MONROE CITY		2690	
d. FULL NAME OF HOSPITAL OR INSTITUTION 208 EAST DOYER				d. STREET ADDRESS (If rural, give location) 208 EAST DOYER			
3. NAME OF DECEASED (Type or Print) a. (First) AMANDA			b. (Middle) McNEIL		c. (Last) SEE		4. DATE OF DEATH (Month) (Day) (Year) APRIL 17th 1954
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH MARCH 11th 1863		9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months 1	IF UNDER 24 HRS. Days 6 Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (State or foreign country) MARION COUNTY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME HARRY SEE			13b. MOTHER'S MAIDEN NAME MARTHA SHARP		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none.	17. INFORMANT'S SIGNATURE OR NAME M. K. S. Sullivan			ADDRESS MONROE CITY, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SENILITY					INTERVAL BETWEEN ONSET AND DEATH 5 YEARS	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
	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 794 X				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 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 MAR 2, 1954 , to APR 17, 1954 , that I last saw the deceased alive on APR 10, 1954 , and that death occurred at 3:40 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE John H. Roberts (Degree or title) M.D.				23b. ADDRESS Monroe City, Mo		23c. DATE SIGNED 4/19/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-19-1954	24c. NAME OF CEMETERY OR CREMATORY ST. JUDES CEMETERY		24d. LOCATION (City, town, or county) (State) MONROE CITY, MISSOURI		
DATE REC'D BY LOCAL REG. 4-19-54		REGISTRAR'S SIGNATURE Edwin Robertson 471-0		25. FUNERAL DIRECTOR'S SIGNATURE WILSON & SONS ADDRESS MONROE CITY, MISSOURI			

(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 ML

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Justin L. Hills

Licensed Embalmer No. 3014

P. O. Address Waukegan City, Ill

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.