

FILED JUN 1 1954

STANDARD CERTIFICATE OF DEATH

16740

State File No.

BIRTH NO. _____ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 4365 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>NEWTONIA</u>		c. LENGTH OF STAY (In this place) <u>71 YRS</u>	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Newtonia</u>		e. STREET ADDRESS (If rural, give location) <u>Gen Del 0730</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charley</u> b. (Middle) <u>H. Bartley</u> c. (Last) <u>Neil</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 8 1954</u>		
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>OCT 26 1880</u>		
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		9. AGE (In years) IF UNDER 1 YEAR last birthday) Months Days Hours Min. <u>73 6 12</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Joseph Neil</u>		13b. MOTHER'S MAIDEN NAME <u>Mellie Carr</u>		14. NAME OF HUSBAND OR WIFE <u>J.C. Neil Los Angeles</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>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J.P. Neil Los Angeles Cal.</u>	

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		18. INTERVAL BETWEEN ONSET AND DEATH <u>5 Days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</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>4201</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) (Min.)		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 On May 8, 1954, to _____, 19____, that I last saw the deceased alive on May 8, 1954, and that death occurred at 8:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. B. Chute</u>		23b. ADDRESS <u>D.O. GRANBY Mo</u>		23c. DATE SIGNED <u>5-11-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 10 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>NEWTONIA Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CLARK-BIGHAM MORTUARY</u>			

DATE REC'D BY LOCAL REG. <u>5-19-54</u>		REGISTRAR'S SIGNATURE <u>Alpha Dyer 369</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CLARK-BIGHAM MORTUARY</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. _____

NEWTON COUNTY HEALTH UNIT

District File Number 554-84

Date Filed MAY 28 1954

NEOSHO, MISSOURI

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 _____
Signature of Student Embalmer

Signed Jesse O. Sullivan, Jr.
Licensed Embalmer No. 464

P. O. Address Neosho, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.