

FILED DEC 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36945

State File No.

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5390 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>Dent County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Spring Creek</u>		c. CITY OR TOWN <u>Salem, Missouri</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>60 yr.</u>		e. STREET ADDRESS (If rural, give location) <u>Salem, Missouri Hwy 32</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Salem, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lawrence</u> b. (Middle) <u>Riley</u> c. (Last) <u>McNeill</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 16, 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>Dec. 27, 1894</u>	9. AGE (In years last birthday) <u>60</u>	F UNDER 1 YEAR Months Days G UNDER 1 YEAR Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Dent County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>

13a. FATHER'S NAME <u>Jim McNeill</u>		13b. MOTHER'S MAIDEN NAME <u>Marg Record</u>		14. NAME OF HUSBAND OR WIFE <u>Clara McNeill</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 1st World War</u>		16. SOCIAL SECURITY NO. <u>78-05-1120</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clara McNeill Salem, Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>mesenteric thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>uncertain</u> 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 <u>5702</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 1945, 1954, to 11-16, 1954, that I last saw the deceased alive on 11-16, 1954, and that death occurred at 2:00 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>James D. Husted, DO.</u>		(Degree or title)		23b. ADDRESS <u>Salem, Mo.</u>		23c. DATE SIGNED <u>11-18-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-18-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Salem, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11-19-54</u>		REGISTRAR'S SIGNATURE <u>M. M. Hart, M.D. by M.E.E.</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Spruill</u>		ADDRESS <u>Salem, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

6-10-7 19

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..... *Carl H. J...*

Licensed Embalmer No. *371*

P. O. Address *[Redacted]*

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.