

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43366**

FILED JAN 18 1955

BIRTH NO. _____ REG. DIST. NO. **240** PRIMARY REG. DIST. NO. **4357** Registrar's No. **1**

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

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marston		c. LENGTH OF STAY (in this place) 23 Days	c. CITY OR TOWN Centralia
d. FULL NAME OF HOSPITAL OR INSTITUTION Marston, Missouri		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED a. (First) Claude b. (Middle) W. c. (Last) Mc Neely		4. DATE OF DEATH (Month) (Day) (Year) December 15, 1954	

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 21, 1881	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Timber Cutter		10b. KIND OF BUSINESS OR INDUSTRY Lumber	11. BIRTHPLACE (City and State or Foreign Country) Columbus, Kentucky		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME James N. McNeely	13b. MOTHER'S MAIDEN NAME Margaret Downing	14. NAME OF HUSBAND OR WIFE Maude Botter McNeely
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Virgil Baldwin ADDRESS Marston, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis		3 1/2 years
	DUE TO (c) Simple physical changes		5 years
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 331X	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 **12-3-**, 19**54**, to **12-15**, 19**54**, that I last saw the deceased alive on **12-15**, 19**54**, and that death occurred at **9:30 P.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James O. Cameron D.O.	23b. ADDRESS Marston - Mo	23c. DATE SIGNED 1-3-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 17, 1954	24c. NAME OF CEMETERY OR CREMATORY Mound Cemetery
		24d. LOCATION (City, town, or county) (State) New Madrid County

DATE REC'D BY LOCAL REG. Jan 8 1955	REGISTRAR'S SIGNATURE H. L. Ponder Deputy	25. FUNERAL DIRECTOR'S SIGNATURE H. S. Smith ADDRESS Funeral Home C'ville. Mo.
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1-2-1911 12 15

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 *W. Denver Fike*.....

Licensed Embalmer No. *449*.....

P. O. Address *Caruthers*
Miss

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.