

FILED MAR 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5443

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>4274</u>		Registrar's No. <u>111</u>				
1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u>				b. COUNTY <u>LAFAYETTE</u>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>AULLVILLE</u>)		c. LENGTH OF STAY (in this place) <u>75 YRS</u>		c. CITY OR TOWN <u>AULLVILLE</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NO STREET ADDRESS</u>				STREET ADDRESS (If rural, give location) <u>NO STREET ADDRESS</u>				<u>0540</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLINTON</u>			b. (Middle) <u>EDGAR</u>		c. (Last) <u>NEVILLE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 18 1955</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>AUG 10. 1879</u>		9. AGE (In years last birthday) <u>75</u> if UNDER 1 YEAR Months Days if UNDER 2 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED RAILROAD EMPLOYEE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>M.O.P. RAIL ROAD</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>AULLVILLE, MO.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>BENJAMIN NEVILLE</u>			13b. MOTHER'S MAIDEN NAME <u>ROBILLA COORSY</u>			14. NAME OF HUSBAND OR WIFE <u>DEBORAH NEVILLE</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>			16. SOCIAL SECURITY NO. <u>702-18-0128</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS DEBORAH NEVILLE</u>				ADDRESS <u>AULLVILLE MO.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Grant follicular Lymphoma</u>						INTERVAL BETWEEN ONSET AND DEATH <u>8 mos</u>		
		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 <u>2021</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)		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 <u>June 1952</u> to <u>Feb 18, 1955</u> , that I last saw the deceased alive on <u>Feb. 11, 1955</u> , and that death occurred at <u>6:15 P.m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <u>W. Koppensind, MD.</u>				23b. ADDRESS <u>Higginsville, Mo</u>				23c. DATE SIGNED <u>Feb 19-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-20-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HIGGINSVILLE CITY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>HIGGINSVILLE, MO</u>				
DATE REC'D BY LOCAL REG. <u>Feb 23-1955</u>		REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>E. L. James</u>		ADDRESS <u>Concordia, Mo.</u>			

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

540
1

MAR 3 1955

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 Me Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed E. S. James.....

Licensed Embalmer No. 205.....

P. O. Address Concordia.....

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.