

FILED MAY 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **14523**

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u> Registrar's No. <u>126</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scotland</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kirkville,</u>		c. LENGTH OF STAY (In this place) <u>2</u> weeks	c. CITY OR TOWN <u>Arbela</u>		d. In 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>Laughlin Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>0 2 9 0</u>		
3. NAME OF DECEASED a. (First) <u>Robert</u>		b. (Middle) <u>Roy</u>	c. (Last) <u>McNeely</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 16, 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>Jan. 7, 1884</u>	9. AGE (In years last birthday) <u>71</u>	# UNDER 1 YEAR Months <u>0</u> Days <u>0</u>
# UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	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>farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Scotland Co., Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
13a. FATHER'S NAME <u>Robert McNeely</u>		13b. MOTHER'S MAIDEN NAME <u>Heneritta Arthur</u>		14. NAME OF HUSBAND OR WIFE <u>Nina McNeely</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY <u>486-14-1809</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nina McNeely</u> ADDRESS <u>Arbela, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probable massive coronary occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>45 minutes</u>
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>	DUE TO (b) <u>complicating lobar pneumonia</u>				14 days
DUE TO (c)	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>NONE</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)	<u>490 X</u>	
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>April 3, 1955</u> , to <u>April 16, 1955</u> , that I last saw the deceased alive on <u>April 16, 1955</u> , and that death occurred at <u>3:55 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Carl Laughlin, Jr.</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Kirkville, Missouri</u>		23c. DATE SIGNED <u>May 13, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>April 19, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hickory Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Arbela, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>5-14-55</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bertha Baskett</u> ADDRESS <u>Memphis Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 14 1953

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... *Albert C. Gunt...*

Licensed Embalmer No. *425*

P. O. Address... *Miami*

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.