

0.300
0.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25575

FILED SEP 6 1955

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 5237 Registrar's No. 26

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Cedar | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE California b. COUNTY 8040 | |
| b. CITY OR TOWN Rural Cedar | | c. CITY OR TOWN Rowalk | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | e. STREET ADDRESS (If rural, give location) 14807 Gridley Road | |

| | |
|--|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) Ronald b. (Middle) L. c. (Last) Neilan | 4. DATE OF DEATH (Month) (Day) (Year) 8-29-55 |
|--|---|

| | | | | | | |
|-------------|------------------------|--|--------------------------|------------------------------------|--------------------------------|--------------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 3-10-26 | 9. AGE (In years last birthday) 29 | 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) Switchman | 10b. KIND OF BUSINESS OR INDUSTRY Union Pacific | 11. BIRTHPLACE (City and State or Foreign Country) Detroit, Mich. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
|---|---|---|-------------------------------------|

| | | |
|-----------------------------------|---|--|
| 13a. FATHER'S NAME Charles Neilan | 13b. MOTHER'S MAIDEN NAME Alfreda Zimmerman | 14. NAME OF HUSBAND OR WIFE Doris Neilan |
|-----------------------------------|---|--|

| | | |
|---|-------------------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 4-4-46 to 2-2-48 | 16. SOCIAL SECURITY NO. 371-26-8295 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alfreda Lawrence - Detroit, Mich. |
|---|-------------------------------------|---|

| | | | |
|---|---|--|----------------------------------|
| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Killed on La. Avenue | | INTERVAL BETWEEN ONSET AND DEATH |
| | 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 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|--|

| | | |
|---------------------------------|--|---|
| 21a. 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) m. | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:00 p. m., from the causes and on the date stated above.

| | | |
|--|------------------------------------|--------------------------|
| 23a. SIGNATURE (Degree or title) M.D. Giverson | 23b. ADDRESS El Dorado Springs, Mo | 23c. DATE SIGNED 9-29-55 |
|--|------------------------------------|--------------------------|

| | | | |
|---|-----------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE | 24c. NAME OF CEMETERY OR CREMATORY Wood R. Hamilton Fun. Home Detroit, Mich. | 24d. LOCATION (City, town, or county) (State) |
|---|-----------|--|---|

| | | |
|----------------------------------|---|---|
| DATE REC'D BY LOCAL REG. 8-29-55 | REGISTRAR'S SIGNATURE George W. Mapes 418 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Giverson-Carothers El Dorado Springs, Mo |
|----------------------------------|---|---|

(Licensed Embalmer's Statement on Reverse Side)

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

200
27

SEP 8 1955
1001

1955

SEP 23 1955

SEP 23 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, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *May W. Dickering*

Licensed Embalmer No. *467*

P. O. Address *E. Doran*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.