No. 300
0-48

FILED SEP 28 1955

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 28877

BIRTH NO. 41687-55 REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 180

**1. PLACE OF DEATH**
a. COUNTY: Audrain
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mexico
c. LENGTH OF STAY (in this place): 2 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1308 S. Morris St.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Audrain
c. CITY OR TOWN: Mexico
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
STREET ADDRESS (If rural, give location): 1308 S. Morris St.

0043

**3. NAME OF DECEASED** (Type or Print)
a. (First): John
b. (Middle): Holloway
c. (Last): Neill Jr.

**4. DATE OF DEATH** (Month) (Day) (Year): Sept 22, 1955

**5. SEX**: male
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Never Married
**8. DATE OF BIRTH**: July 29, 1955
**9. AGE** (In years last birthday): IF UNDER 1 YEAR Months 2 Days; IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Baby
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (City and State or Foreign Country): Mexico, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: J. Holloway Neill
**13b. MOTHER'S MAIDEN NAME**: Maxine Travis
**14. NAME OF HUSBAND OR WIFE**: None

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: No
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: J. Holloway Neill Mexico, Mo.

**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.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coroner's Investigation without Jury.

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Deceased was found dead in its crib at its home. No evidence of violence or foul play. Unattended by a phycisian at the time of death. On post mortem examination the appendix was found to contain pus. Diagnosis of Coroner: Acute Appendicitis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**: none
**19b. MAJOR FINDINGS OF OPERATION**: none
5500
**20. AUTOPSY?** YES [X] NO [ ]

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): none
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): none
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE): Mexico Audrain Mo
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): none m.
**21e. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]: none
**21f. HOW DID INJURY OCCUR?**: none

22. *I hereby certify that I attended the deceased from* Coroners Investigation, *to* _____, *19*__, *that I last saw the deceased alive on* Sept 22, *19*55, *and that death occurred at* 7 a *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): S. C. Adams M. W. Coroner
**23b. ADDRESS**: Mexico Audrain Missouri
**23c. DATE SIGNED**: 9-22-55

**24a. BURIAL, CREMATION, REMOVAL** (Specify):
**24b. DATE**: 9-24-1955
**24c. NAME OF CEMETERY OR CREMATORY**: Elmwood Cemetery
**24d. LOCATION** (City, town, or county) (State): Mexico, Missouri

**DATE REC'D BY LOCAL REG.**: Sept 23-1955
**REGISTRAR'S SIGNATURE**: Blanche Neely
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Arnold Funeral Home Mexico, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Rex Miller

Licensed Embalmer No. 44

P. O. Address Medic

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.