

FILED APR 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11103

318

1003

Registrar's No. 2507

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.											
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN				d. STREET ADDRESS (If rural, give location)									
c. LENGTH OF STAY (in this place)				11, South Elm Street				120									
d. FULL NAME OF HOSPITAL OR INSTITUTION				Missouri Baptist Hospital													
3. NAME OF DECEASED (Type or Print)			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year)					
JOHN			JACOB			McNeil			March			9, 1956					
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)		10. MONTHS		11. DAYS		12. IF UNDER 1 YEAR Hours		13. IF UNDER 1 MIN. Min.	
Male		White		Never Married		June 28, 1913		42		9		11					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country)				12. CITIZEN OF WHAT COUNTRY?					
Congressional Lib.				Library				Centralia, Illinois				U. S. A.					
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE									
John J. McNeil				Katherine Erbes				Kathryn McNeil-Mother									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME				ADDRESS					
No				Unknown				Kathryn McNeil				So. Elm - Centralia					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH					
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*													
				ANTECEDENT CAUSES													
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.													
				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								AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
				not be determined													
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)									
Verdict																	
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?									
								over				E 8:16 1/2					
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 800A m., from the causes and on the date stated above.																	
23a. SIGNATURE				23b. ADDRESS				23c. DATE SIGNED									
Joseph M. ...				1300 Clark				3/10/56									
24a. BURIAL, CREMATION, REMOVAL (Specify)				24b. DATE				24c. NAME OF CEMETERY OR CREMATORY				24d. LOCATION (City, town, or county) (State)					
Burial				3/12/56				Elmwood Cemetery				Centralia, Illinois					
DATE REC'D BY LOCAL REG.				REGISTRAR'S SIGNATURE				25. FUNERAL DIRECTOR'S SIGNATURE				ADDRESS					
MAR 10 1956				J. Carl Smith MD				John Kasey				East St. Louis, Ill.					
				(Licensed Embalmer's Signature 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 embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 754

P. O. Address E. St. Louis, Mo.

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 this body is not embalmed, fact should be so stated above.