

FILED JUN 7 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17282**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **99**

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rolla</b>	c. LENGTH OF STAY (in this place) <b>5 Days</b>	c. CITY OR TOWN <b>Rural, Rolla</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>no</b>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Phelps County Memorial Hospital</b>		STREET ADDRESS (If rural, give location) <b>Route No. 3</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>MILTON</b>	b. (Middle) <b>JACKSON</b>	c. (Last) <b>NEAL</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>24 May 1956</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>2 Jan. 1888</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maintenance Man</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Missouri School of Mines.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Miller County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Thomas Neal</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Bolts</b>	14. NAME OF HUSBAND OR WIFE <b>Rosa Lee Neal.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No xx</b>	16. SOCIAL SECURITY NO. <b>487 22 0086</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Rosa Lee Neal, Rt. 3, Rolla Mo.,</b>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <b>6 mo.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Embolism</b>		
	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. <b>Prostatic hypertrophy.</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>332x</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **about June 1955**, to **5-24, 1956** that I last saw the deceased alive on **5-24, 1956**, and that death occurred at **10 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E. E. Fend</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Rolla Mo.</b>	23c. DATE SIGNED <b>5-28-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>26 May 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Gott Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>near Brumley, Miller Mo.,</b>
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DATE REC'D BY LOCAL REG. <b>May 31, 1956</b>	REGISTRAR'S SIGNATURE <b>Nadine L. Stoll</b>	25. FUNERAL DIRECTOR'S SIGNATURE By <b>Paul E. Null</b>	ADDRESS <b>Rolla Mo.,</b>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED

Pheps County Health Officer,

County File Number 433

Date Filed JUN 7 1956

JUN 7 1956

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..... *Paul E. Ne*

Licensed Embalmer No. 44

P. O. Address Dolla,

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