

FILED NOV 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40289

Registrar's No. 178

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston, Missouri		c. CITY OR TOWN East Prairie	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Delta Community Hospital		f. STREET ADDRESS (If rural, give location) 06711	

3. NAME OF DECEASED (Type or Print) a. (First) Charley	b. (Middle) ----	c. (Last) Neal	4. DATE OF DEATH (Month) (Day) (Year) November 4, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 3-16-1882	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) 0 Sikeston, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Thomas Neal	13b. MOTHER'S MAIDEN NAME Virginia E. Baker	14. NAME OF HUSBAND OR WIFE Ethel Neal
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 495-14-3370	17. INFORMANT'S SIGNATURE OR NAME Mrs. Alice Heath East Prairie, Mo.	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET, AND DEATH 3-4 days.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, bronchial		
	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.		1. Auricular fibrillation	Unknown "
		2. Cardiac decompensation	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 3. Melena, etiol. undetermined		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)
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 **11-4**, 19**56**, to **11-5**, 19**56**, that I last saw the deceased alive on **11-4**, 19**56**, and that death occurred at **2:30A.** m., from the causes and on the date stated above.

23a. SIGNATURE Andrew Blum M.D.	(Degree or title)	23b. ADDRESS 217 S. Kingshighway Sikeston, Missouri	23c. DATE SIGNED 11-6-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-6-56	24c. NAME OF CEMETERY OR CREMATORY Dogwood Cemetery	24d. LOCATION (City, town, or county) (State) Near East Prairie, Missouri
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DATE REC'D BY LOCAL REG. 11-19-56	REGISTRAR'S SIGNATURE Mrs. Ellen Hunter	25. FUNERAL DIRECTOR'S SIGNATURE Thavis Shelby Jr. East Prairie, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

429-0

DATE RECEIVED NOV 19 1956

S88TT 66. HEALTH DEPT.

66. FILE No. 1156-245

NOV 27 1956

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 Travis Shelby Jr.....

Licensed Embalmer No. 4940.....

P. O. Address East. Prairie.....

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.