THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

830

STATE FILE NUMBER

FILED FEB 8 1957

Registration District No. 106 Primary Registration District No. 5420 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY Dunklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Holcomb — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital give location) Near Case School — Length of stay in Hospital 4 mos.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Dunklin
c. CITY OR TOWN Holcomb 0350 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) Rural Route — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Albert Middle Alfred Last Neeley

4. DATE OF DEATH Month Jan. Day 15 Year 1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Oct. 12, 1953
9. AGE (In years last birthday) 3 — 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) Infant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Ollie Neeley
14. MOTHER'S MAIDEN NAME Mary Graham

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. None
17. INFORMANT Ollie Neeley Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Accidental injury by Firearms — INTERVAL BETWEEN ONSET AND DEATH 10 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 9190
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Was shot by brother while cleaning rifle.
20c. TIME OF INJURY Hour 9:30 a. m. Month, Day, Year Jan. 15, 57
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home
20f. CITY, TOWN, OR LOCATION Holcomb Twp. COUNTY Dunklin STATE Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 9:40 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Quinton Tarver (Degree or title) Coroner
22b. ADDRESS Kennett, Mo.
22c. DATE SIGNED 1-22-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan. 17, 1957
23c. NAME OF CEMETERY OR CREMATORY Stanfield
23d. LOCATION (City, town, or county) Clarkton (State) Mo.

24. FUNERAL DIRECTOR Russell Mortuary ADDRESS Piggott Ark.
25. DATE RECD. BY LOCAL REG. 1-24-1957
26. REGISTRAR'S SIGNATURE J. Anderson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

890

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 2-4-57
COUNTY FILE NUMBER 257

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Troy J. Tyler

Licensed Embalmer No. 494

P. O. Address Puggett

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