

All diseases in Part 1 must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

THE DIVISION OF REAL IN OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20282

STATE FILE NUMBER

FILED JUN 18 1957

Registration District No. 47 Primary Registration District No. 5169 Registrar's No. 144

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Nine Mile Prairie Twp</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Joplin</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>9 Mi E. Kingdom City</b>				Length of stay in 1b --		d. STREET ADDRESS (If outside, give location) <b>Box 687</b>	
3. NAME OF DECEASED (Type or print) <i>First Middle Last</i> <b>WILLIAM JAMES McNEILL</b>				4. DATE OF DEATH Month <b>June</b> Day <b>8</b> Year <b>1957</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Aug-24-1936</b>	
9. AGE (In years last birthday) <b>20</b>		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) <b>Student at Missouri University</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>University</b>		11. BIRTHPLACE (City and state or country) <b>Winona, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>							
13. FATHER'S NAME <b>L. Clark McNeill</b>				14. MOTHER'S MAIDEN NAME <b>Alleen Teague</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Navy R.O.T.C. at Present</b>				16. SOCIAL SECURITY NO. <b>23-33-36-77</b>		17. INFORMANT Address <b>L. Clark McNeill Joplin, Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Head on auto collision</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>Head on Auto Collision</b>				
20c. TIME OF INJURY Hour <b>5</b> a. m. _____ p. m. _____ Month <b>6</b> Day <b>8</b> Year <b>1957</b>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, factory, street, office building) <b>Highway 40 9 Mi E. Kingdom City</b>		20f. CITY, TOWN, OR LOCATION <b>Callaway</b>		STATE <b>Mo.</b>	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <b>5:00p</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>P. O. Goodman Sheriff ac. w. no</b>				22b. ADDRESS <b>Fulton Mo</b>		22c. DATE SIGNED <b>68-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>June-11-1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Cedar Grove Cem.</b>		23d. LOCATION (City, town, or county) (State) - <b>Salem Mo</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Wallace Sumner How Fulton, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>June 8 - 1957</b>		26. REGISTRAR'S SIGNATURE <b>Maretta Lawrence</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUL 29 1957

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 *Hector R. Masure*

Licensed Embalmer No. 49

P. O. Address *Fulton*

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.