

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24192

STATE FILE NUMBER

FILED JUL 22 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 723

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Aurora		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge		Length of stay in lb 4 hours		d. STREET ADDRESS 331 E. College		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle BENJAMIN Last NEALE				4. DATE OF DEATH Month July Day 15 Year 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 23, 1897	
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0		IF UNDER 24 HRS. Hours 0 Min. 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician				10b. KIND OF BUSINESS OR INDUSTRY Electrical		11. BIRTHPLACE (City and state or country) Hannible, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME Richard Neale				14. MOTHER'S MAIDEN NAME Carrie Whaley			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW1		16. SOCIAL SECURITY NO. 430-10-0309		17. INFORMANT Gladys Neale Address Aurora, Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis							INTERVAL BETWEEN ONSET AND DEATH 3 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension							
DUE TO (c) Cholelithiasis							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input 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.) 592x				
20c. TIME OF INJURY Hour 6:30 Month July Day 15 Year 1957 a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from July 15 57 to July 15 57 and last saw ^{her} him alive on July 15 57 Death occurred at 6:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE John W. ... M.D. (Degree or title)				22b. ADDRESS Springfield, Mo.		22c. DATE SIGNED 7-17-57	
23a. BURIAL, CREMATION, OR REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Burial		7/18/57		Mt. Olive Cemetery		Hannible, Mo.	
24. FUNERAL DIRECTOR Arnold's Funeral Home				ADDRESS Aurora, Mo.		25. DATE RECD. BY LOCAL REG. 7-18-57	
				26. REGISTRAR'S SIGNATURE Edith Wellman			

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JUL 30 1957

OCT 14 1957

OCT 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 *Paul Lehman* _____

Licensed Embalmer No. _____

P. O. Address *Spfd*

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.