

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28956**

FILED AUG 26 1957

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 248

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia	c. LENGTH OF STAY (In this place) 1 yr.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clifton City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Community Nursing Home		d. STREET ADDRESS (If rural, give location) None	

3. NAME OF DECEASED (Type or Print) a. (First) MATILDA b. (Middle) C. c. (Last) NEAL			4. DATE OF DEATH August 19, 1957	
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH August 5, 1865	9. AGE (In years last birthday) 92	10. UNDER 1 YEAR Month _____ Day _____	11. UNDER 1 Mth. Hour _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Cooper County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charles E. Bidstrup		13b. MOTHER'S MAIDEN NAME Martha Holman		14. NAME OF HUSBAND OR WIFE John W. Neal (dec. 1955)	
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. H. W. Maddox, Sedalia, Missouri			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Generalized Arteriosclerosis ↓ Cerebral thrombosis DUE TO (a) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Senile psychosis Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 2 wks 10 yrs.
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Z 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) 332X		
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 1956, to 5-15, 1957, that I last saw the deceased alive on 5-15, 1957, and that death occurred at 6:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Oliver Lowe MD		23b. ADDRESS Sedalia, Mo	23c. DATE SIGNED 8-23-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/22/1957	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	24d. LOCATION (City, town, or county) (State) Otterville, Missouri	
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DATE REC'D BY LOCAL REG. 8-22-57	REGISTRAR'S SIGNATURE Francis Shelby	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. W. Herbert, Sedalia, Mo		
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GILLESPIE FUNERAL HOME - WRITE PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

5410

CITIZENS EMERALD HOME

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 _____
Student Embalmer _____

Signed Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address Sedalia, Mo.

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 this body is not embalmed, fact should be so stated above.