

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019037
STATE FILE NUMBER

FILED JUN 9 1958 Registration District No. 212 Primary Registration District No. 5779 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY MILLER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY MILLER		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL-FRANKLIN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN BRUMLEY		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION mi-E-ETTERVILLE - ON ROUTE TO HOSPITAL		Length of stay in 1b	d. STREET ADDRESS 1 mi - W BRUMLEY Mo		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last CLYDIE EDWARD NEAL			4. DATE OF DEATH Month Day Year MAY 23 1958		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 19 Dec - 1939		9. AGE (In years at birthday) IF UNDER 1 YEAR Months Days Hours Min. 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY High-School	11. BIRTHPLACE (City and state or country) BRUMLEY Mo		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME CLYDE-NEAL		13b. MOTHER'S MAIDEN NAME HAZEL-Johnson		14. NAME OF HUSBAND OR WIFE Never-MARRIED	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO NONE		16. SOCIAL SECURITY NO. HAZEL-NEAL-		17. INFORMANT Address BRUMLEY - 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) CRUSHED - Chest - DUE TO (b) Auto-Accident 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 25 minutes
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.) Two-CARS-Hit-Head-ON			
20c. TIME OF INJURY Hour Month, Day, Year 9:50 p.m. MAY-23-58					
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, farm, factory, street, office bldg., etc.) Highway-54 - 1.4 mile So- of -		20f. CITY, TOWN, OR LOCATION ELDON COUNTY MILLER STATE Mo	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at LOUISP _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Hermau V. Abnett, Sheriff, Lumbria, Mo.			22b. ADDRESS Lumbria, Mo.		22c. DATE SIGNED 5-24-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL -		23b. DATE 24-MAY-58	23c. NAME OF CEMETERY OR CREMATORY Boltz		23d. LOCATION (City, town, or county) (State) MILLER-Co- Mo
24. FUNERAL DIRECTOR Keith M. Gays		ADDRESS ELDON-Mo		25. DATE RECD. BY LOCAL REG. 6-10-58	26. REGISTRAR'S SIGNATURE Thomas C. Durdon

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED

JUN 4 '58

Miller County
Health Department

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 *Keith M. Kays*

Licensed Embalmer No. *3998*

P. O. Address *Eldon 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.