

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025126
STATE FILE NUMBER

FILED AUG 6 1958 Registration District No. 120 Primary Registration District No. 4197 Registrar's No. 237

1. PLACE OF DEATH a. COUNTY GENTRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GENTRY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN STANBERRY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN STANBERRY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION W. 6th St.		d. STREET ADDRESS (If outside, give location) W. 6th St.	
Length of stay in 1b LIFE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First WILLIAM Middle RILEY Last NEAL			4. DATE OF DEATH July 22 1958 Month Day Year			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 10, 1899	9. AGE (In years last birthday) 78 15 UNDER 1 YEAR Months 7 Days 12 Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARMAN ON WABASH RAILROAD		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) GENTRY Co. Mo.		
13. FATHER'S NAME JAMES R. NEAL			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
14. MOTHER'S MAIDEN NAME CASSIE PETTIT			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. 702-05-3187		17. INFORMANT JOHN P. NEAL, STANBERRY, MO. Address				

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adeno carcinoma of Prostate		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs
DUE TO (b) Neoplasm of large bowel		
DUE TO (c) 1538		
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 type="checkbox"/> NO <input checked="" 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.)	
20c. TIME OF INJURY Hour Month Day Year 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 **Sept - 1957** to **July 22 - 1958** and last saw her alive on **July 22 - 1958**
Death occurred at **11:15** a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. J. Milligan D.O., Stanberry MO	22b. ADDRESS	22c. DATE SIGNED 7-23-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE July 24, 1958	23c. NAME OF CEMETERY OR CREMATORY HIGH RIDGE	23d. LOCATION (City, town, or county) (State) STANBERRY MO.
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24. FUNERAL DIRECTOR JOHNSON FUNERAL HOME ADDRESS STANBERRY, MO.	25. DATE RECD. BY LOCAL REG. 7-27-'58	26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

Health & Welfare Public Service
80
1-300
1-56

54

SEP 30 1958

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 *[Handwritten Signature]*

Licensed Embalmer No. *499*

P. O. Address *[Handwritten Address]*

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.