

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038737
STATE FILE NUMBER

DEC 15 1958 Registration District No. / Primary Registration District No. 3000 Registrar's No. 386

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville, Missouri		c. CITY OR TOWN Kirksville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hospital		d. STREET ADDRESS (If outside, give location) 0010 Route 1	
3. NAME OF DECEASED (Type or print) First Middle Last George Neadermiller		4. DATE OF DEATH Month Day Year Dec. 6 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 8-24-1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 84
11. BIRTHPLACE (City and state or country) St Louis Missouri		12. CITIZEN OF WHAT COUNTRY? United States	
13a. FATHER'S NAME George Neadermiller		13b. MOTHER'S MAIDEN NAME Louisa Dentler	
14. NAME OF HUSBAND OR WIFE None		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. No		17. INFORMANT Address Thomas Neadermiller Kirksville Mo R. REND	
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 hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 11 days
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)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <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 November 26 , to December 6 and last saw ^{him} her alive on December 6, 1958 Death occurred at 8:20 Pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Sign or title) H. D. McCollum D.O.		22b. ADDRESS 711 W. Jefferson Kirksville, Missouri	
22c. DATE SIGNED 12-7-1958			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec 9 1958	
23c. NAME OF CEMETERY OR CREMATORY St Carrel		23d. LOCATION (City, town, or county) (State) Adair County Missouri	
24. FUNERAL DIRECTOR ADDRESS W. H. McCollum South Gifford, Mo.		25. DATE RECD. BY LOCAL REG. 12-11-1958	
26. REGISTRAR'S SIGNATURE Dona W Ratliff			

All diseases in Part I must be causally related.
 H.D. McCollum D.O.

MEDICAL CERTIFICATION
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *M. H. Wm. Collins*

Licensed Embalmer No...2052.....

P. O. Address...~~South Gifford 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.