Health, Welfare Public Service

300 (1-57)

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004190
STATE FILE NUMBER

FEB 4 1959 Registration District No. 352 Primary Registration District No. 4517 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY: Taney
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Branson — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Home — Length of stay in 1b:

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO b. COUNTY: Taney
c. CITY OR TOWN: Branson — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 304 N 2nd St — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Frank Middle: Emil Last: Neal

4. DATE OF DEATH: Month 1 Day 23 Year 59

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: July 8-1889

9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Grocery and Market

11. BIRTHPLACE (City and state or country): State of Kansas

12. CITIZEN OF WHAT COUNTRY?: U S X

13a. FATHER'S NAME: Joseph Neal

13b. MOTHER'S MAIDEN NAME: Mary Fisher

14. NAME OF HUSBAND OR WIFE: Marie Neal

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 500-36-5118

17. INFORMANT: Marie Neal — Address: Branson Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Myocardial Infarction

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis.
DUE TO (c): Hypertension.

INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 DOA. to 1-23-59 and last saw her/him alive on 1-22-59
Death occurred at 5:10 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Roy Gillespie MD

22b. ADDRESS: 213 West Atlanta Branson MO

22c. DATE SIGNED: 1/30/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1-27-59

23c. NAME OF CEMETERY OR CREMATORY: Ozark Memorial Park

23d. LOCATION (City, town, or county) (State): Branson Mo

24. FUNERAL DIRECTOR ADDRESS: Whitehead & Home Branson Mo.

25. DATE RECD. BY LOCAL REG.: 1-30-59

26. REGISTRAR'S SIGNATURE: Helen Campbell

(Licensed Embalmer's Statement on Reverse Side)

FEB 9 1959

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 Minnie L. Whelch

Licensed Embalmer No. 2277

P. O. Address Branson

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.