

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004745
STATE FILE NUMBER

Health,
Welfare
Public
Service

300
-57

FILED MAR 4 1959 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Cape Girardeau</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Cape Girardeau</i>		c. CITY OR TOWN <i>Jackson</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>South East Missouri</i>		d. STREET ADDRESS <i>Blue East</i>	

3. NAME OF DECEASED (Type or print) First Middle Last <i>Modora Williams Neal</i>			4. DATE OF DEATH Month Day Year <i>Feb 15 1959</i>		
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5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>May 1, 1867</i>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housekeeping</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>	11. BIRTHPLACE (City and state or country) <i>Jackson Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>S.W.B. Williams</i>	13b. MOTHER'S MAIDEN NAME <i>Louisanna Rando</i>	14. NAME OF HUSBAND OR WIFE <i>Florence Neal</i>
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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) <i>No</i>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT <i>Ethel Ralph Valley Park Mo</i>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>49 1/2 hrs</i>
DUE TO (b) <i>Virus Cold</i>		
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"/> C

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.)
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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
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21. I attended the deceased from Death occurred at <i>Jan 2-59</i> to <i>Feb 15-59</i> and last saw her alive on <i>Feb 14-59</i> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Deceased or title) <i>H. J. Stokely M.D.</i>	22b. ADDRESS <i>Jackson</i>	22c. DATE SIGNED <i>1-17-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Feb 17, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Old McKendree</i>	23d. LOCATION (City, town, or county) (State) <i>Jackson Mo.</i>
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24. FUNERAL DIRECTOR <i>C. C. Crawford</i>	ADDRESS <i>Jackson, Mo.</i>	25. DATE RECD. BY LOCAL REP. <i>Feb 28, 1959</i>	26. REGISTRAR'S SIGNATURE <i>Mr. Homer Cooper</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

doctor, coroner, etc. must use only standard certificate form. All diseases in Part I must be causally related.

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 *W.C. Craight*

Licensed Embalmer No. *4327*

P. O. Address *Section 7*

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.