

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020531

STATE FILE NUMBER

FILED JUL 6 1959 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 294

S. 300
1-57

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY CARTER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ELLSINORE Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LUCY LEE Hospital		Length of stay in lb 5 days	d. STREET ADDRESS (If outside, give location) ELLSINORE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last NEALEY ANN HOLLAND			4. DATE OF DEATH Month Day Year 6-7-59		
5. SEX MALE	6. COLOR OR RACE WHITE	MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG 13 1873		9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months Days Hours Min. 9 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) WAYNE Co. MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William DEAN		13b. MOTHER'S MAIDEN NAME KATE JUSTICE		14. NAME OF HUSBAND OR WIFE DECEASED	
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. NONE		17. INFORMANT Address MAZD CAMPBELL, VAN BUREN MO	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Acute heart failure		9 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arterial embolism and surgical amputation, right lower extremity (6/5/59)	7 days
	DUE TO (c) Arteriosclerotic heart disease.	Unknown
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 <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 6/4/59 to 6/7/59 and last saw her/him alive on 6/7/59 Death occurred at 4:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>[Signature]</i>	22b. ADDRESS 330 N 2nd St., Poplar Bluff Mo.	22c. DATE SIGNED 6/19/59

23a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL	23b. DATE 6-10-59	23c. NAME OF CEMETERY OR CREMATORY HUNTER CEMETERY	23d. LOCATION (City, town, or county) (State) CARTER Co. MO.
24. FUNERAL DIRECTOR McSpadden	ADDRESS VAN BUREN, MO	25. DATE RECD. BY LOCAL REG. 6/27/59	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Allen C. McGraw*

Licensed Embalmer No. *4543*

P. O. Address *Vass, Buren, 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.