

R I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028071

FILED VS AUG 21 1959 11

58

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 5049 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY BARRY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY BARRY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN McDOWELL TWP.		Length of stay in 1b YEARS		c. CITY OR TOWN MONETT		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION S. E. OF MONETT			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) S. E. of MONETT			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ENOCH Middle BYUM Last NEILL				4. DATE OF DEATH Month JULY Day 24 Year 1959					
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5-7-1873	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER			10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (City and state or country) CRANE, MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME SIMON NEILL			13b. MOTHER'S MAIDEN NAME NANCY HILTON			14. NAME OF HUSBAND OR WIFE MATILDA NEILL			
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.		17. INFORMANT Address CHESTER NEILL, MONETT, MO.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INANITION AND DEHYDRATION							INTERVAL BETWEEN ONSET AND DEATH 3 days		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CHRONIC DIARRHEA							3 months		
DUE TO (c) UNKNOWN									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 _____ a.m. _____ p.m.		Month, Day, Year							
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 2-24-55 to 7-24-59 and last saw him alive on 7-24-59 Death occurred at 3:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
21a. SIGNATURE (Degree or title) <i>Grace Williams</i>				21b. ADDRESS PURDY, MISSOURI			21c. DATE SIGNED 7-25-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 7-26-59	23c. NAME OF CEMETERY OR CREMATORY CRANE CEMETERY		23d. LOCATION (City, town, or county) CRANE, MISSOURI				
24. FUNERAL DIRECTOR BENNETT-WORMINGTON, MONETT, MO.				ADDRESS		25. DATE RECD. BY LOCAL REG. 7-27-59		26. REGISTRAR'S SIGNATURE <i>Grace Williams</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 21 1969

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____
(Handwritten signature: Gordon B. ...)

Licensed Embalmer No. 421
P. O. Address Monett

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.