RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–029711
STATE FILE NUMBER

FILED VS SEP 14 1959

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 96

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Brookfield — Length of stay in 1b: 12 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Doctor's Hospital — Inside limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Linn
c. CITY OR TOWN: Brookfield — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 401 Elliott — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First Martha Middle Caroline (Callie) Last Neel

4. DATE OF DEATH: Month September Day 9 Year 1959

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: 1/18/1873
9. AGE (last birthday): 86 — IF UNDER 1 YEAR: Months 7 Days 21 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher & Dressmaker
10b. KIND OF BUSINESS OR INDUSTRY: Public Schools & Home
11. BIRTHPLACE (City and state or country): Hunnewell, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Thomas Mc Glasson
13b. MOTHER'S MAIDEN NAME: Susan Ryan
14. NAME OF HUSBAND OR WIFE: John H. Neel (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Wilson R. Neel, Address: Detroit, Michigan

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): Fracture of Left Leg — 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): Senility
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Fracture of Left Leg above Knee

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☑ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Fall in Home
20c. TIME OF INJURY: Hour 2 ~~a.m.~~ p.m. Month, Day, Year: Aug 29-59
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.): Home
20f. CITY, TOWN, OR LOCATION: Brookfield COUNTY: Linn STATE: Mo

21. I attended the deceased from Aug 29 59, to Sept 9 1959 and last saw her/him alive on Sept 8-1959
Death occurred at 3:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. H. Potter D.O.
22b. ADDRESS: Brookfield Mo
22c. DATE SIGNED: 9-9-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept. 12, 1959
23c. NAME OF CEMETERY OR CREMATORY: Prairie View Cemetery
23d. LOCATION (City, town, or county) (State): Hunnewell, Missouri

24. FUNERAL DIRECTOR: Hill Funeral Home, ADDRESS: Brookfield, Mo.
25. DATE RECD. BY LOCAL REG.: 9-11-59
26. REGISTRAR'S SIGNATURE: Katharine Johnson Deg.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

JUN 6 1962

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_____ Signed Gerald T Ward

Signature of Student Embalmer

Licensed Embalmer No. 417

P. O. Address Browne

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.