

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 044793

FILED VS. DEC 29 1959

Registration District No. 212 Primary Registration District No. 5780 Registrar's No. 40

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Miller				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miller				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Etterville		Length of stay in 1b minutes		c. CITY OR TOWN Eldon		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hy 54 - 1 mi. East of Etterville				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rt. 3		
3. NAME OF DECEASED (Type or print) First Georgia Middle Ann Last Neville			4. DATE OF DEATH Month Nov. Day 27 Year 1959					
5. SEX Female		6. COLOR OR RACE Caucasian		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-17-1906		
9. AGE (last birthday) 53		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Bagnell, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME George W. Robbins			13b. MOTHER'S MAIDEN NAME Mary Ann Huckey			14. NAME OF HUSBAND OR WIFE Darius Burnham Neville		
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 Hazel Schneider, Eldon, 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) Pleura, left - massive hemothorax							INTERVAL BETWEEN ONSET AND DEATH 30 min	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Lung, left - traumatic lacerations.								
DUE TO (c) Ribs, left - multiple traumatic fractures								
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 checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) Crushing injury to chest - vehicular accident				
20c. TIME OF INJURY 5:10		Hour 5:10 Month, Day, Year Nov. 27, 1959						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		20f. CITY, TOWN, OR LOCATION Hy. 54 - 1 mi. East of Etterville, Miller		COUNTY Mo. STATE Mo.		
21. I attended the deceased from _____, to _____ and last saw him/her alive on _____ Death occurred at 5:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Fred P. Handlar MD.				22b. ADDRESS 515 E. High St. Jefferson City, Mo		22c. DATE SIGNED 28 Nov 59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 30, 1959		23c. NAME OF CEMETERY OR CREMATORY Eldon		23d. LOCATION (City, town, or county) (State) Eldon Mo.		
24. FUNERAL DIRECTOR Louis D. Phillips, Eldon, Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. Dec. 3, 1959		
26. REGISTRAR'S SIGNATURE Alvaretta Wall								

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Don E. Phillips, Student Embalmer No. 583
working under my personal supervision.

Student Don E. Phillips
Signature of Student Embalmer

Signed Louis W. Phillips

Licensed Embalmer No. 3663

P. O. Address Laedon

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.