

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004778

FILED VS JAN 19 1960

Registration District No. 338 Primary Registration District No. 6154 Registrar's No. 2

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Stoddard			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richland Twp.		Length of stay in 1b minutes	c. CITY OR TOWN Essex		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 mile west Morehouse		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rfd. 2		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First William Middle Louis Last Neal			4. DATE OF DEATH Month January Day 7 Year 1960		
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-26-32	9. AGE (last birthday) 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Disabled veteran		10b. KIND OF BUSINESS OR INDUSTRY - - - - -	11. BIRTHPLACE (City and state or country) Huffman, Ark.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William A. Neal		13b. MOTHER'S MAIDEN NAME Clara Lowery		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes Korea		16. SOCIAL SECURITY NO. 790-58-892	17. INFORMANT Address William A. Neal Essex, Mo. R.2		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Severe head injuries and possible broken neck DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH sudden
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 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.) One car accident--car left roadway and		
20c. TIME OF INJURY 11:30	Hour XX p.m.	Month, Day, Year 1-7-60	over turned in ditch one mile west of Morehouse, Mo		
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.) Hiway 60	20f. CITY, TOWN, OR LOCATION Richland Twp. Stoddard Co., Mo.		COUNTY STATE
21. I attended the deceased from 11:30 to _____ and last saw him alive on _____ Death occurred at 11:30 p.m. on the date stated above, end to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Marsh Watkins</i> Coroner			22b. ADDRESS Dexter, Missouri		22c. DATE SIGNED U.S.A.
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 1-10-60	23c. NAME OF CEMETERY OR CREMATORY Walker cemetery	23d. LOCATION (City, town, or county) (State) Bloomfield, Mo. Rural		
24. FUNERAL DIRECTOR Watkins & Sons		ADDRESS Morehouse, Mo.	25. DATE RECD. BY LOCAL REG. 1-13-60	26. REGISTRAR'S SIGNATURE <i>Mrs. George J. Baker</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 10 1960

FEB 10 1960

JAN 20

JAN 20

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

Marsh Withers

Licensed Embalmer No. 4707

P. O. Address Dexter Md

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.