

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005060

FILED VS FEB 16 1960 27

Primary Registration District No. 3005 Registrar's No. 18

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Bates</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Bates</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Butler, Missouri</b>		Length of stay in 1b <b>6 days</b>		c. CITY OR TOWN <b>Butler, Missouri</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If not in a hospital or institution) <b>Butler Hospital</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Butler, Missouri</b>		
3. NAME OF DECEASED (Type or print) First <b>Mollie</b> Middle <b>Blanche</b> Last <b>Neil</b>				4. DATE OF DEATH Month <b>Feb</b> Day <b>2</b> Year <b>60</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>7-30-1880</b>		
				9. AGE (last birthday) <b>79</b>		IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>homemaker</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Kerkville, Mo</b>		
				12. CITIZEN OF WHAT COUNTRY <b>USA</b>				
13a. FATHER'S NAME <b>H. W. Lyon</b>				13b. MOTHER'S MAIDEN NAME <b>Elizabeth Roberts</b>		14. NAME OF HUSBAND OR WIFE <b>Charles Neil</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Mrs Harley Jones Butler, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chr. Myocarditis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>10 y 10.</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Generalized Bronchopneumonia</b>						<b>10 y 10</b>		
DUE TO (c) <b>Bronchial Asthma</b>								
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 Month, Day, Year a.m. p.m.								
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 <b>last 5 years</b> to <b>Feb 7, 1960</b> and last saw her <b>Feb 7 1960</b> Death occurred at <b>7:45 A.m</b> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>Carter H. Luter MD</b>				22b. ADDRESS <b>Butler Mo</b>			22c. DATE SIGNED <b>2/3/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Feb-3-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Newton Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Nevada, Mo</b>		
24. FUNERAL DIRECTOR ADDRESS <b>Culver-Underwood Butler, Mo</b>				25. DATE RECD. BY LOCAL REG. <b>Feb. 3-1960</b>		26. REGISTRAR'S SIGNATURE <b>Kendall Kury</b>		

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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John A. Henderson

Licensed Embalmer No. 3585

P. O. Address Butler

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.