

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-014893

FILED VS MAY 9 1960 28

Registration District No. _____ Primary Registration District No. 2000 Registrar's No. 469C

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b 29 years	c. CITY OR TOWN Springfield Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION Handley Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2401 W. Grand Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ALICE Middle Mc Last NEECE			4. DATE OF DEATH Month April Day 21 Year 1960			
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5. SEX Female	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 7/21/1899	9. AGE (last birthday) 60	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Ash Grove, Missouri	11. BIRTHPLACE (City and state or country) U. S. A.	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME Robert Watts	13b. MOTHER'S MAIDEN NAME Olla Reynolds	14. NAME OF HUSBAND OR WIFE Harry McNeece
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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. None	17. INFORMANT Address Gene Watts, Ash Grove, Missouri.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Apoplexy		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c) _____	

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
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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.)
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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 Greene	COUNTY Greene	STATE Missouri
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21. I attended the deceased from Apr. 15, 1960 to Apr. 21, 1960 and last saw her alive on Apr. 20, 1960 Death occurred at 2:45 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) Lynn D. Brown M.D.	22b. ADDRESS 311 1/2 College	22c. DATE SIGNED 4/23/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Apr. 23, 1960	23c. NAME OF CEMETERY OR CREMATORY Ash Grove Cemetery	23d. LOCATION (City, town, or county) (State) Ash Grove, Mo.
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24. FUNERAL DIRECTOR Birch Funeral Home, Ash Grove, Mo.	25. DATE RECD. BY LOCAL REG. 5-2-60	26. REGISTRAR'S SIGNATURE Effie E. Melton
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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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard E. Wat

Licensed Embalmer No. 465
P. O. Address Ashe St

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.