RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 5 1960

-60-042944

STATE FILE NUMBER

Registration District No. 261 Primary Registration District No. 3048 Registrar's No. 267

1. PLACE OF DEATH
a. COUNTY: Nodaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Maryville — Length of stay in 1b: 1 YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St Francis Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Nodaway
c. CITY OR TOWN: Maryville — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 315 W Torrence — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: GEORGE Middle: M Last: McNEILL
4. DATE OF DEATH: Month: 11 Day: 29 Year: 1960
5. SEX: male
6. COLOR OR RACE: cau.
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9,12,1870
9. AGE (last birthday): 90 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ret farmer
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (City and state or country): Tuscola, Ill.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Alexander McNeill
13b. MOTHER'S MAIDEN NAME: Minerva Iles
14. NAME OF HUSBAND OR WIFE: Anna McNeill
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.: no
17. INFORMANT: Address: Mrs Anna McNeill, Maryville, Mo.

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): Bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Fractured left hip — 7 days
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. ☐ 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.): Fell out of bed at home
20c. TIME OF INJURY: Hour 7 a.m. p.m. — Month, Day, Year: Nov 22 1960
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: Maryville COUNTY: Nodaway STATE: Mo.

21. I attended the deceased from Nov 22 1960 to Nov 29 and last saw her/him alive on Nov 29
Death occurred at 10:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: E. P. Jones M.D. (Degree or title) — 22b. ADDRESS: Maryville Mo — 22c. DATE SIGNED: 11/30/60

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 12-2-60
23c. NAME OF CEMETERY OR CREMATORY: Graham Cemetery
23d. LOCATION (City, town, or county) (State): Graham Mo

24. FUNERAL DIRECTOR — ADDRESS: Atchison Funeral Home, Maryville, Mo
25. DATE RECD. BY LOCAL REG.: 11-30-60
26. REGISTRAR'S SIGNATURE: Bess Holt

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed G. M. Atkiss

Signature of Student Embalmer

Licensed Embalmer No. 227

P. O. Address Maryvil

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