

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-044013
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 389

FILED JAN 8 1962

DATE AMENDED: 1/29/62
INSTEAD OF: 12/30/61
BY AFFIDAVIT OF: Funeral Director
ITEM NO.: 4
SHOULD READ: 12/29/61

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON CITY		Length of stay in 1b	c. CITY OR TOWN Jefferson City, Mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MEMORIAL HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1611 " B " Jefferson Hts
3. NAME OF DECEASED (Type or print) First PATRICK Middle Joseph Last NEILON			4. DATE OF DEATH Month Dec Day 30 Year 1961
5. SEX Male	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 9-17-1901
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) State of Missouri auditor		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 57
11. BIRTHPLACE (City and state or country) Kansas city, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Neilon		13b. MOTHER'S MAIDEN NAME Mary Secret	14. NAME OF HUSBAND OR WIFE Sophie Roux
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT Address Mo. Mrs. Sophie Neilon-Jefferson City	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary heart failure DUE TO (b) Infarction of the myocardium DUE TO (c) ASND Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 2 hours 16 hours 2 years
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 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	COUNTY STATE
21. I attended the deceased from <u>12-27-61</u> to <u>12-29-61</u> and last saw him alive on <u>12-29-61</u> Death occurred at <u>8:45 P.M. 12/30/61</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John J. Neithaus MD (Degree or title)		22b. ADDRESS 302 Bolivar Jefferson	22c. DATE SIGNED 1-2-62
23a. BURIAL, CREATION, REMOVAL (Specify) Burial	23b. DATE 1-2-1962	23c. NAME OF CEMETERY OR CREMATORY St. George's Par. Cem	23d. LOCATION (City, town, county) (State) Linn, Missouri
24. FUNERAL DIRECTOR Clyde Mortimer ADDRESS Linn, Mo.		25. DATE RECD. BY LOCAL REG. 30 December 1961	26. REGISTRAR'S SIGNATURE R.P. Davis MD - Richter

JAN 8 1962

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 Vernon M. Minton

Licensed Embalmer No. 4125

P. O. Address Levy Mo

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.