

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-005420
STATE FILE NUMBER

AMENDED

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 24

FILED MAR 8 1962

1. PLACE OF DEATH
a. COUNTY Barry
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Cassville Length of stay in lb 11 days
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Cassville Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Barry
c. CITY OR TOWN Monett Inside Limits Yes No
d. STREET ADDRESS (if outside, give location) Route 1- Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
(Type or print) Matilda Neill
4. DATE OF DEATH Month Day Year February 24 - 1962

5. SEX Female 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 3/3/80 9. AGE (last birthday) 81
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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Housework 11. BIRTHPLACE (City and state or country) Crane Mo 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME James H. Ellis 13b. MOTHER'S MAIDEN NAME Nancy Jane Hilton 14. NAME OF HUSBAND OR WIFE Byrum Neill (decd)

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. 17. INFORMANT Chester Neill, Monett Mo Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Circulatory Failure INTERVAL BETWEEN ONSET AND DEATH 8 hrs.
DUE TO (b) Cardio-Vascular-Renal Disease 5 yrs/
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) Fracture left hip
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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3/29/54 to 2/23/62 and last saw her alive on 2/23/62
Death occurred at 5:55 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS Sardy Mo 22c. DATE SIGNED 4/26/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Feb. 26 - 1962 23c. NAME OF CEMETERY OR CREMATORY Crane Cemetery Crane Mo. 23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR Bennett Warmingston, Monett Mo ADDRESS Monett Mo 25. DATE RECD. BY LOCAL REG. Mar 2 - 1962 26. REGISTRAR'S SIGNATURE Grace Williams

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

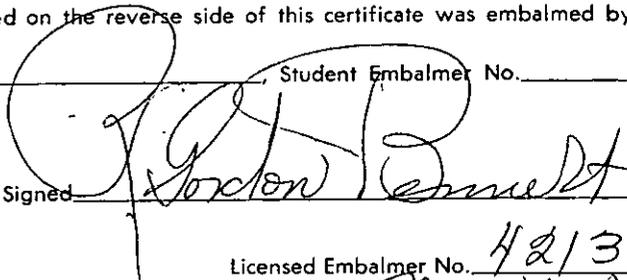
STATEMENT BY LICENSED EMBALMER

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


Gordon Bennett

Licensed Embalmer No. 4213
P. O. Address Monett, 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.