

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-005525

STATE FILE NUMBER

AMENDED

Registration District No. 38 Primary Registration District No. 3000 Registrar's No. 125

FILED MAR 5 1962

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in 1b 38 days	c. CITY OR TOWN Columbia Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION University of Missouri Medical Center		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 718 Maupin Road Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Mathilda Evers Neal			4. DATE OF DEATH Month Day Year February 24, 1962
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 March 11, 1897
9. AGE (last birthday) 73 1/4 Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	
10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or county) New York, New York	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John Evers		13b. MOTHER'S MAIDEN NAME Caroline Muck	14. NAME OF HUSBAND OR WIFE M. Pinson Neal
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 Address University of Missouri Medical Records
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular fibrillation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial infarction DUE TO (c) Coronary atherosclerosis			INTERVAL BETWEEN ONSET AND DEATH 2 hours 5 weeks 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 checked="" 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 1/18/62 to 2/24/62 and last saw him alive on 2/24/62 Death occurred at 2:34 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) J.M. Merritt M.D.		22b. ADDRESS Univ. of Mo. Med. Ctr., Columbia	22c. DATE SIGNED 2/24/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-26-1962	23c. NAME OF CEMETERY OR CREMATORY Heflin Cemetery	23d. LOCATION (City, town, or county) (State) Heflin, Alabama
24. FUNERAL DIRECTOR ADDRESS Parsons Funeral Home, Columbia, Mo		25. DATE RECD. BY LOCAL REG. Feb 25 1962	26. REGISTRAR'S SIGNATURE Mrs R E Palmer

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
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 J. W. Phillips
Licensed Embalmer No. 4897
P. O. Address Columbus, W.

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.