

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010184

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **FILED APR 3 1962** Primary Registration District No. _____ Registrar's No. **55**

VS 300
Rev. 4/59

10193

20193

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9331X

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1290-0

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY CASS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY CASS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PLEASANT HILL		Length of stay in lb 60 yrs	c. CITY OR TOWN PLEASANT HILL Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 300 WEBSTER ST.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 300 Webster Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ROBERT Middle LUTHER Last NEILL		4. DATE OF DEATH Month 3 Day 22 Year 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-16-1881
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) LABOR		10b. KIND OF BUSINESS OR INDUSTRY FOUNDRY	11. BIRTHPLACE (City and state or country) BRADFORD COUNTY TENN USA.
12. CITIZEN OF WHAT COUNTRY USA.		13. FATHER'S NAME W.F. NEIL	
14. MOTHER'S MAIDEN NAME FRANCES JONES		14. NAME OF HUSBAND OR WIFE MARY ALICE FREEMAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT MENETTA NEILL PLEASANT HILL MO.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) cerebral arteriosclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arterio sclerotic heart disease 4 yrs.			INTERVAL BETWEEN ONSET AND DEATH 11 days 4 yrs.
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 _____ Month, Day, Year _____ a.m. _____ p.m. _____		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 8-7-58 to 3-22-62 and last saw him alive on 3-22-62 Death occurred at 5:05 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Chas Ekleund MD (Degree or title)		22b. ADDRESS Pleasant Hill, Mo	
22c. DATE SIGNED 3-23-62		23. NAME OF CEMETERY OR CREMATORY UNION BAPTIST	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 3-25-1962	
23c. LOCATION (City, town, or county) PLEASANT HILL MO		23d. (State) MO	
24. FUNERAL DIRECTOR WALLACE FUNERAL HOME		25. DATE RECD. BY LOCAL REG. 3-25-62	
26. REGISTRAR'S SIGNATURE Mr. Ray			

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

James C. Wallace

Licensed Embalmer No. 3921

P. O. Address Pleasant Hill 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.