

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-049379

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 373 Primary Registration District No. 454 Registrar's No. 69

STATE FILE NUMBER

FILED JAN 3 1963		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY WEBSTER		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MARSHFIELD		a. STATE MO b. COUNTY DALLAS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BAINN CLINIC		Length of stay in lb		c. CITY OR TOWN CONWAY R2	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				d. STREET ADDRESS (If outside, give location) 6 mi N. WEST	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last LETTA CARAENE NEAL			4. DATE OF DEATH Month Day Year DEC 19 1962		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-22-1911	9. AGE (last birthday) 1	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) MISSOURI	
13a. FATHER'S NAME LYNN NEAL		13b. MOTHER'S MAIDEN NAME LUCIANNE KIRBY		12. CITIZEN OF WHAT COUNTRY U.S.A	
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 LYNN NEAL Address CONWAY R2	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) SEPSIS					
DUE TO (b) ASPIRATION PNEUMONIA					
DUE TO (c) HYDROCEPHALUS, CAUSE UNDETERMINED.					
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 checked="" 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 5/22/61 to 12/15/62 and last saw her alive on 12/15/62 Death occurred at 10:31 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 Marshfield, Mo.		22c. DATE SIGNED 12/21/62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 12-21-1962	23c. NAME OF CEMETERY OR CREMATORY BAINN		23d. LOCATION (City, town, or county) (State) DALLAS CO MO
24. FUNERAL DIRECTOR ADDRESS BARBER-EDWARDS MARSHFIELD			25. DATE RECD. BY LOCAL REG. 12/19-62		26. REGISTRAR'S SIGNATURE [Signature]

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 Bob Davis Student Embalmer No. 1078

working under my personal supervision.

Student Bob Davis
Signature of Student Embalmer

Signed [Signature]

Licensed Embalmer No. 3848

P. O. Address [Address]

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.