

ORIGINAL

# MEDICAL CERTIFICATE OF DEATH

STATE FILE NO. **15681**

## STATE OF ILLINOIS

DIST. NO. **411A** REG. NO. **87**

DECEDENT'S BIRTH NO.:

**1. PLACE OF DEATH**  
**a. COUNTY** Jefferson, ILLINOIS  
**b. CITY (If outside corporate limits, write RURAL and give OR TOWN Mt Vernon** **c. LENGTH OF STAY (In this place) 2 WKS.**  
**d. FULL NAME OF HOSPITAL OR INSTITUTION** Jefferson Memorial Hosp.

**2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).**  
**a. STATE** Illinois **b. COUNTY** Franklin  
**c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN** Buckner  
**d. STREET ADDRESS (If rural, give location)** none

**1. NAME OF DECEASED**  
**a. (First)** Offa **b. (Middle)** E. **c. (Last)** Neal **4. DATE OF DEATH** (Month) (Day) (Year) Apr. 25, 1950

**5. SEX** Male **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** Married **8. DATE OF BIRTH** June 5th, 1876 **9. AGE (In years last birthday)** 73 **10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)** School teaching **11. BIRTHPLACE (State or foreign country)** Illinois **12. CITIZEN OF WHAT COUNTRY?**

**13. FATHER'S NAME** Aaron Neal **14. MOTHER'S MAIDEN NAME** Lovena Solvige  
**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.** none  
**17. INFORMANT (Hospitals follow Special Instructions on this item)**  
 a. Signature: *[Signature]* b. Address: *[Address]* c. Relationship to the deceased: Sister

**18. CAUSE OF DEATH**  
**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\***  
 \*This does not mean the mode of dying, such as heart failure, asthma, epilepsy, etc. It means the disease, injury or complication which caused death.  
**II. OTHER SIGNIFICANT CONDITIONS**  
 Conditions contributing to the death, but not related to the disease or condition causing death

**Direct cause (a)** *Chronic hypertrophic prostate* **INTERVAL BETWEEN ONSET AND DEATH** *Few minutes*  
**Antecedent causes**  
 due to (b) *Hypertension* **3 1/2**  
 due to (c) *Hypertension* **4 1/2**

**19a. DATE OF OPERATION** 4/10/1950 **19b. MAJOR FINDINGS OF OPERATION** *HHH Prostate Not malignant* **20. AUTOPSY?** YES  NO

**21. ACCIDENT SUICIDE HOMICIDE (specify)** **21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office-bldg., etc.)** **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**  
**21d. TIME (Month) (Day) (Year) (Hour) OF INJURY** **21e. INJURY OCCURRED** While at work  Not While at Work  **21f. HOW DID INJURY OCCUR?**

**22. I hereby certify that I attended the deceased from** 4-8-1950, to 4-25-1950, that I last saw the deceased alive on 4-25-1950, and that death occurred at 9:50 P.M., from the causes and on the date stated above.

**23a. SIGNATURE** *[Signature]* (Degree or Title) MD **23b. ADDRESS AND PHONE NO.** Mt. Vernon, Ill. 900 **23c. DATE SIGNED** 4-26-50

**BURIAL-REMOVAL-CREMATION (date)** Apr 28, 1950 **RECEIVED FOR FILING ON:** *[Signature]* 1950  
**PLACE**  
 Cemetery: *mdo.*  
 Location: *Benton*  
**Firm Name** *Mitchell Funeral Home*  
**Address** *Benton*  
**Signature** *Joe E. Mitchell* License Number 825  
**LOCAL REGISTRAR:** *Lester J. Davis*  
**Address:** *Mt Vernon*, ILLINOIS  
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