

FILED JUL 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35

Weight 111
Height 5'3 1/2

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 6193 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milau Rural 10th</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milau Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>1011 K Tw</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Amanda Jane</u> b. (Middle) <u>Neely</u> c. (Last) <u>Neely</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 19-1949</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>8-14-1861</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>farmer - wife</u>	11. BIRTHPLACE (State or foreign country) <u>Mo</u>
13a. FATHER'S NAME <u>Tomson Cassity</u>		13b. MOTHER'S MAIDEN NAME <u>Martha J. Tomson</u>	14. NAME OF HUSBAND OR WIFE <u>Joseph E. Neely</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Lloyd Neely</u> ADDRESS <u>Milau Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocarditis</u> ANTECEDENT CAUSES 1. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>chronic arthritis</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. 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 OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>for many years</u> , to <u>June 19, 1949</u> , that I last saw the deceased alive on <u>June 18, 1949</u> , and that death occurred at <u>3:00</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. S. Montgomery M.D.</u>		23b. ADDRESS <u>Milau Mo.</u>	23c. DATE SIGNED <u>6-24-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-21-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Milau Mo</u>
DATE REC'D BY LOCAL REG. <u>July 1-1949</u>	REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Scibelles</u>	ADDRESS <u>Milau Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

105
0
0

RECEIVED

District Health Officer No. 10

District File Number 3-49-16

Date Filed JUL 5 1949

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 _____

D. Norris Cleeton

Student Embalmer No. 238

working under my personal supervision.

Signed D. Norris Cleeton
Student Embalmer

Signed Dwight Scherer

Licensed Embalmer No. 2667

P. O. Address Milan - 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 this body is not embalmed, fact should be so stated above.