

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5382

State File No.

FILED MAR 1 1954

No. 300
10-48
05-50
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>5690</u>		Registrar's No. <u>362</u>	
1. PLACE OF DEATH a. COUNTY <u>LINN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LINN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>YELLOW CREEK TWP</u>		c. LENGTH OF STAY (in this place) <u>45 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>YELLOW CREEK TWP - RURAL</u>		d. STREET ADDRESS (If rural, give location) <u>RFD #3, BROOKFIELD</u> 0580	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RED #3, BROOKFIELD</u>				d. STREET ADDRESS (If rural, give location) <u>RFD #3, BROOKFIELD</u> 0			
3. NAME OF DECEASED (Type or Print) a. (First) <u>NORMAN</u> b. (Middle) <u>B.</u> c. (Last) <u>NEELY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 18, 1954</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>SEPT. 11, 1856</u>	9. AGE (In years last birthday) <u>97</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN FARM</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>WEST VIRGINIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>SAMUEL NEELY</u>			13b. MOTHER'S MAIDEN NAME <u>MARGARET MAXWELL</u>		14. NAME OF HUSBAND OR WIFE <u>HENRIETTA CASSITY</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>EMERY NEELY, BROOKFIELD, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Youngtherosclerosis, Senility, Chronic Myocarditis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Chronic Myocarditis</u>					15 yrs
		II. OTHER SIGNIFICANT CONDITIONS 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) <u>4221</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>Mar 10, 1954</u> , to <u>Apr 20, 1954</u> , that I last saw the deceased alive on <u>Mar 2, 1954</u> , and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Roy R. Haley, M.D.</u> (Degree or title)				23b. ADDRESS <u>Brookfield, Mo</u>		23c. DATE SIGNED <u>2/19/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB. 20, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NEW GARDEN</u>		24d. LOCATION (City, town, or county) (State) <u>BROOKFIELD, Mo</u>		
DATE REC'D BY LOCAL REG. <u>2-20-54</u>		REGISTRAR'S SIGNATURE <u>Nadine Stenback</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WRIGHT FUNERAL HOME, BROOKFIELD, Mo</u> ADDRESS _____			

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

Student Embalmer

Signed

Harold B. Wright

Licensed Embalmer No.

3918

P. O. Address

Brookfield, 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.