

No. 2
12-45
17-39
X47070

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40782**
Registrar's No. **210**

Registration District No. **2**

Primary Registration District No. **4004**

1. PLACE OF DEATH:

(a) County **Andrew**
(b) City or town **Bolckow #1**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **56 yrs** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Andrew**
(c) City or town **near Bolckow**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **COYA Belle Neely**
3. (b) If veteran, name war **-**
3. (c) Social Security No. **-**

4. Sex **F** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **m**
6. (b) Name of husband or wife **Fred Neely**
6. (c) Age of husband or wife if alive **58** years
7. Birth date of deceased **Aug 21 1891**
(Month) (Day) (Year)

8. AGE: Years **56** Months **3** Days **14**
If less than one day hr. _____ min. _____

9. Birthplace **Andrew co mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER

12. Name **DUG phillips**
13. Birthplace **UK Knovv m**
(City, town, or county) (State or foreign country)
14. Maiden name **MARY PATTERTON**
15. Birthplace **191**
(City, town, or county) (State or foreign country)

16. (a) Informant **Fred Neely**

(b) Address **Bolckow mo**

17. (a) **B.** (b) Date thereof **12-8-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SAVANNAH mo**

18. (a) Signature of funeral director **E. C. Breit**

(b) Address **Savannah mo**

19. (a) **12-6-47** (b) **J. L. Spink**
(Date received local register) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **5**
year **1947** hour **17** minute **20 P.M.**

I hereby certify that I attended the deceased from **Dec 5** 19**47** to **Dec 5** 19**47**
that I last saw her alive on **Dec 5** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Infarction and Arteriosclerosis**
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e), Means of injury _____
23. Signature **A. Kelly** (M.D. or other)
Address **Dec 5 47 Rosebud** Date signed **mo**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

OCT 29 1952

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed E. C. Breit
Licensed Embalmer No. 2650
P. O. Address Jacamah 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.