

FILED FEB 21 1949 STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 190

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>St Joseph</u> c. LENGTH OF STAY (in this place) <u>2 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>216 1/2 W. Missouri Ave</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before death, give institution) a. STATE <u>Mo.</u> b. COUNTY <u>Buchanan</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>St Joseph Mo</u> d. STREET ADDRESS (If rural, give location) <u>216 1/2 W. Missouri Ave</u>	
---	--	--	--

3. NAME OF DECEASED (Type or Print) <u>HOMER</u>		a. (First) _____ b. (Middle) _____ c. (Last) <u>NEAVES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 8, 1949</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>2 Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>May 28, 1889</u>	9. AGE (In years last birthday) <u>59</u>	# UNDER 1 YEAR Months <u>8</u> Days <u>10</u>	# UNDER 6 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>labor</u>		11. BIRTHPLACE (State or foreign country) <u>Springfield Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Charles Neaves</u>		13b. MOTHER'S MAIDEN NAME <u>Mandy Lorens</u>		14. NAME OF HUSBAND OR WIFE <u>nm</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes 1912 - 1931</u>		16. SOCIAL SECURITY NO. <u>495-05-9534</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lamer Neaves 801 Saffell Hwy C-76</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Diffuse Myocarditis</u> ANTECEDENT CAUSES <u>Chronic Bronchial Asthma 2 years</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Man died in his room without recent medical care, He has been a sufferer with chronic asthma and heart disease.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>In his last illness, he gradually became breathless</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>and died from weakness</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? <u>4222</u>		

22. I hereby certify that I attended the deceased from on Feb 9, 1949, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:04 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H F Mundy M.D. Corvallis</u>		23b. ADDRESS <u>404 So 3rd St</u>		23c. DATE SIGNED <u>2-10-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-12-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	
DATE REC'D BY LOCAL REG. <u>Feb 14, 1949</u>		REGISTRAR'S SIGNATURE <u>E. B. Jenkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Beatrice May</u>	
		382		ADDRESS <u>819 Pacific St</u>	

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

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 E. A. Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph 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.