

FILED MAR 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11301

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Revol</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>73</u> <u>Neosho</u>	
c. LENGTH OF STAY (in this place) <u>2 1/2 mo 17 days</u>		d. STREET ADDRESS (If rural, give location) <u>1 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital</u>			
3. NAME OF DECEASED (Type or Print) <u>EVA NEECE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-17-1949</u>
a. (First)	b. (Middle)	c. (Last)	
5. SEX <u>Female</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2-1-1883</u>
9. AGE (In years last birthday) <u>66</u>	10. MONTHS <u>1</u>	11. DAYS <u>16</u>	12. HOURS <u>11</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Neosho Mo</u>	12. CITIZENSHIP (What country?) <u>USA</u>
13a. FATHER'S NAME <u>Adam Kraft</u>		13b. MOTHER'S MAIDEN NAME <u>Winkerson</u>	14. NAME OF HUSBAND OR WIFE <u>E. C. Neece</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital records - Neol</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, 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. <u>Gastric tumor</u>			
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>None</u>		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) (Minute)		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>2-5-1949</u> to <u>3-17-1949</u> that I last saw the deceased alive on <u>3-17-1949</u> and that death occurred at <u>10 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. G. Hall M.D.</u>		23b. ADDRESS <u>Neosho Mo</u>	
23c. DATE SIGNED <u>3-17-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>None</u>		24b. DATE <u>3-19-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>		24d. LOCATION (City, town, or county) (State) <u>Neosho Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Mar 15, 49</u>		REGISTRAR'S SIGNATURE <u>Walthers H. Hancock</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Thompson Funeral Home</u>		ADDRESS <u>Neosho, Missouri</u>	

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

108000

RECEIVED

District Health Officer No. 7.

District File Number 2-49-294

Date Filed 3-29-49

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

Rellie Kessel

Student Embalmer No. 228

working under my personal supervision.

Student *Rellie Kessel*

Student Embalmer

Signed *Corley Thompson*

Licensed Embalmer No. 3259

P. O. Address *Neosho 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.