

FILED MAY 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14793**

BIRTH NO. _____ REG. DIST. NO. **21** PRIMARY REG. DIST. NO. **3005** Registrar's No. **44**

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Butler 0		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Butler 1	
c. LENGTH OF STAY (In this place) 2 Wks.		d. STREET ADDRESS (If rural, give location) N. Mechanic St. 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Butler Memorial Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Florence b. (Middle) Charlotte c. (Last) Neas			4. DATE OF DEATH (Month) (Day) (Year) 5 - 19 - 1949		
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5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 4, 1888	9. AGE (In years last birthday) 60	# UNDER 1 YEAR Months 9	YEAR Days 15	# UNDER 1 HRS. Hours	Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Bates Co., Missouri 0		12. CITIZEN OF WHAT COUNTRY U.S.A.	
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13a. FATHER'S NAME Tillman McHenry		13b. MOTHER'S MAIDEN NAME Elizabeth Woodfin		14. NAME OF HUSBAND OR WIFE William Neas	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Neas Butler, Missouri	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma lung.		DUPLICATE OF (b) _____				at 3 Mo.	
DUPLICATE OF (c) _____		DUPLICATE OF (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						163X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) Butler Bates, MO.	
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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?	
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22. I hereby certify that I attended the deceased from **April 25th, 1949, to May 19, 1949**, that I last saw the deceased alive on **May 19, 1949**, and that death occurred at **4:45A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. D. Lathrop, M.D.		23b. ADDRESS Butler, Mo.		23c. DATE SIGNED 5-21-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-21-49		24c. NAME OF CEMETERY OR CREMATORY Woodfin Cemetery		24d. LOCATION (City, town, or county) (State) Foster, Missouri	
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DATE REC'D BY LOCAL REG. May 21 1949		REGISTRAR'S SIGNATURE Rendell Henry 17		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clavel-Underwood Butler, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 4-49-51

Date Filed 5-23-09

FEB 21 1958

JUN 1 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 _____

George T. Hill

Student Embalmer No. 296

working under my personal supervision.

Student George T. Hill

Student Embalmer

Signed

Robert G. Steinbeck

Licensed Embalmer No. 4657

P. O. Address Butler, 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.