

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16811**

**FILED JUN-9 1949**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 181

<b>1. PLACE OF DEATH</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.)		
a. COUNTY <u>PETTIS</u>			a. STATE <u>MISSOURI</u>		b. COUNTY <u>PETTIS</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEDALIA</u>		c. LENGTH OF STAY (In this place) <u>16 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEDALIA</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>BOTHWELL MEMORIAL HOSPITAL</u>			d. STREET ADDRESS (If rural, give location) <u>1109 SO KENTUCKY</u>		
<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b>		<b>5. SEX</b>
a. (First) <u>NELSON</u>		b. (Middle) <u>HENRY</u>	c. (Last) <u>NEAS</u>		<u>M</u>
6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 6, 1876</u>	
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Repairman</u>		11. BIRTHPLACE (State or foreign country) <u>Lincoln, Missouri</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Own</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Ad Neas</u>		13b. MOTHER'S MAIDEN NAME <u>Agnes Blake</u>		14. NAME OF HUSBAND OR WIFE <u>Alva B. Neas</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Alva B. Neas, 1109 So Kentucky, Sedalia</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			<b>MEDICAL CERTIFICATION</b>		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Stenosis</u>			INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			II. OTHER SIGNIFICANT CONDITIONS		
ANTECEDENT CAUSES			DUE TO (b) <u>Unknown Cause</u>		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c)		
Conditions contributing to the death but not related to the disease or condition causing death.			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</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) <u>✓</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>			
22. I hereby certify that I attended the deceased from <u>May 10, 1948</u> to <u>May 21, 1948</u> , that I last saw the deceased alive on <u>May 21, 1948</u> , and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>R. Mitchell MD.</u>			23b. ADDRESS <u>Sedalia Mo</u>		23c. DATE SIGNED <u>Jun 1-49</u>
24a. BURIAL OR CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2 June 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>St. Heckart Sedalia Mo</u>			
DATE REC'D BY LOCAL REG. <u>6-2-1949</u>		REGISTRAR'S SIGNATURE <u>Betty Yeager Deputy</u>		251	

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 6-8-49

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Frank S. Coffman Jr.

Licensed Embalmer No. 4559

P. O. Address Sedalia, 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.