

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 21 1949

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **5466** Registrar's No. **716**

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Rural—South Campbell Twp. c. LENGTH OF STAY (In this place) 10 days		c. CITY (If outside corporate limits, write RURAL and give township) Strafford, Rural-Jackson Twp	
d. FULL NAME OF HOSPITAL OR INSTITUTION OZARK OSTEOPATHIC HOSPITAL		d. STREET ADDRESS (If rural, give location) Rural Rt. # 2	

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) Ethel c. (Last) McNeese			4. DATE OF DEATH (Month) (Day) (Year) 8-11-49		
5. SEX Female		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 1-24-1899		9. AGE (In years last birthday) 50		10. IF UNDER 1 YEAR (Months) (Days) 6 17	
11. BIRTHPLACE (State or foreign country) Tompkinsville, Ky./		12. CITIZEN OF WHAT COUNTRY U.S.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Ladies Wear			

13a. FATHER'S NAME O. L. Hardin		13b. MOTHER'S MAIDEN NAME Jannie Howard		14. NAME OF HUSBAND OR WIFE Hershel McNeese	
--	--	--	--	--	--

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. Unknown		17. INFORMANT'S SIGNATURE OR NAME Hershel McNeese, Rt. 2 Strafford ADDRESS	
--	--	--	--	---	--

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) Pulmonary Embolism		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4 1/2 Hrs
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) _____		DUE TO (c) _____			

19a. DATE OF OPERATION 8-5-49		19b. MAJOR FINDINGS OF OPERATION Partial Bowel obstruction due to adhesion		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 **Aug 1**, 19 **49**, to **Aug 11**, 19 **49**, that I last saw the deceased alive on **Aug 11**, 19 **49**, and that death occurred at **6:45 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE William P. Vetz Sr. (Degree or title)		23b. ADDRESS Springfield, Mo.		23c. DATE SIGNED 8-11-49	
---	--	--------------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 14, 1949		24c. NAME OF CEMETERY OR CREMATORY Hazelwood Cemetery		24d. LOCATION (City, town, or county) (State) Springfield, Missouri	
---	--	--------------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 8-13-49 W.S. Handley		25. FUNERAL DIRECTOR'S SIGNATURE W. Alma Schmeier ADDRESS B.F.W.	
---	--	--	--

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

39

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 Lee Mason

Licensed Embalmer No. 4568

P. O. Address Springfield, 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.