

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1307

137

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>10 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>BELTON - RURAL</u>		0480	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESEARCH HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>ROUTE #2</u>			
3. NAME OF DECEASED a. (First) <u>JAMES</u>			b. (Middle) <u>CLYDE</u>		c. (Last) <u>NEVILLE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN - 9 - 1950</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY - 28 - 1892</u>	9. AGE (In years last birthday) <u>57 YRS</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MEG'S REPRESENTATIVE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FRESH AIR CO.</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WILLIAM NEVILLE</u>		13b. MOTHER'S MAIDEN NAME <u>MATTIE MYLES</u>		14. NAME OF HUSBAND OR WIFE <u>MARY CELESTE NEVILLE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>	(If yes, give war or dates of service) <u>WORLD WAR I</u>	16. SOCIAL SECURITY NO. <u>495-10-2294</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. MARY CELESTE NEVILLE</u>				ADDRESS <u>R.R. #2 BELTON Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchiogenic Carcinoma</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive Cephalgia</u>			
19a. DATE OF OPERATION <u>12-18-48</u>	19b. MAJOR FINDINGS OF OPERATION <u>Unresectable Carcinoma Stage Late</u>					20. AUTOPSY? YES <input checked="" 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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	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>2-6</u> , 19 <u>42</u> , to <u>1-9</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1-9</u> , 19 <u>50</u> , and that death occurred at <u>7:15 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank B. Lertz</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>1530 P. St. Bldg.</u>		23c. DATE SIGNED <u>1-10-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan - 12 - 50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. MURKIN</u>		24d. LOCATION (City, town, or county) (State) <u>N.C. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1-11-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Sons</u> ADDRESS <u>1331 BRUSH CREEK BLVD KANSAS CITY, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 17 1950

**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.....

*Robert Ray*

Licensed Embalmer No. *4182*

P. O. Address *Kansas City*

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.