

FILED APR 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9299

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2002 Registrar's No. 155

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived, (If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) Tophin		c. CITY (If outside corporate limits, write RURAL and give township) La Russell 1550 R. R.	
c. LENGTH OF STAY (in this place) 2 days		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns			
3. NAME OF DECEASED a. (First) Ppeer		b. (Middle) Neely	
c. (Last) Neely		4. DATE OF DEATH (Month) (Day) (Year) 3-27-1950	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-26-1895
9. AGE (In years last birthday) 54		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (State or foreign country) Lawrence Co. Mo.
12. CITIZEN OF WHAT COUNTRY? Native		13a. FATHER'S NAME W.M. Neely	
13b. MOTHER'S MAIDEN NAME Weston		14. NAME OF HUSBAND OR WIFE Betty Neely	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Betty Neely		ADDRESS La Russell Mo.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary fibrosis, type senescent undetermined. 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.	
19a. -DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 525X years.	
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)	
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 2-26-1950, to 3-27-1950, that I last saw the deceased alive on 3-22-1950, and that death occurred at 9:00 am., from the causes and on the date stated above.			
23a. SIGNATURE D. R. Raney, M.D.		23b. ADDRESS Joplin, Mo.	
23c. DATE SIGNED 3/29/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) General		24b. DATE 3-27-1950	
24c. NAME OF CEMETERY OR CREMATORY Red Oak		24d. LOCATION (City, town, or county) (State) N. W. Miller Mo.	
DATE REC'D BY LOCAL REG. 3-30-50		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. R. Lemon Miller Mo.	

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

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RECEIVED 4-10-50  
Jasper County Health Office

County File Number 50-3-272

Date Filed 4-11-50

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 E. R. Seaman

Licensed Embalmer No. 3297

P. O. Address Miller 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.