No. 300
10.48

FILED JUN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17495

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3042 Registrar's No. 186

644
0

1. PLACE OF DEATH
a. COUNTY Marion
b. CITY OR ~~TOWN~~ Hannibal (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL ~~OR~~ INSTITUTION (If not in hospital or institution, give street address or location) Levering Hoo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois
b. COUNTY Pike
c. ~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give township) New Canton 0820
d. STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) H. c. (Last) Neese

4. DATE OF DEATH (Month) May (Day) 30, (Year) 1950

5. SEX male
6. COLOR OR RACE white
7. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify) married
8. DATE OF BIRTH July 7, 1884
9. AGE (In years last birthday) 65 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) farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or ~~foreign country~~) Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Philden Neese
13b. MOTHER'S MAIDEN NAME Sarah Walker
14. NAME OF ~~HUSBAND~~ OR WIFE Eva Neese

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 356-05-5452
17. INFORMANT'S SIGNATURE OR NAME Ona Neese ADDRESS Fowler Ill

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) Chronic Myocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of liver

INTERVAL BETWEEN ONSET AND DEATH: 585X

19a. DATE OF OPERATION 5/20/50
19b. MAJOR FINDINGS OF OPERATION Cholecystitis - Cirrhosis of liver
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 15, 1950, *to* May 30, 1950, *that I last saw the deceased alive on* May 30, 1950, *and that death occurred at* 3:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE J. H. Ruchmann (Degree or title) D.
23b. ADDRESS 1001 Bldg. Hannibal Mo
23c. DATE SIGNED 5/31/50

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE June 1, 1950
24c. NAME OF CEMETERY OR CREMATORY Neese Cemetery
24d. LOCATION (City, town, or county) NEBO-Pike (State) Ill

DATE REC'D BY LOCAL REG. 5/31/50
REGISTRAR'S SIGNATURE H. C. Fisher D.
H. E. M. Lucke Deputy
25. FUNERAL DIRECTOR'S SIGNATURE W. Crawford Smith ADDRESS Hannibal

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 9 1950
MARION CO. HEALTH DEPT.
DATE FILED JUN 9 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 This body was not embalmed, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed W. Crawford Smith

Licensed Embalmer No. 3814

P. O. Address .....

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.