

FILED JUL 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19804

State File No. _____

BIRTH NO. 49134-50
6-30-50 REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 415 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dade</u>	
b. CITY OR TOWN <u>Greenfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenfield</u> <u>0290</u>	
c. LENGTH OF STAY (If this place) <u>2 hrs.</u>		d. STREET-ADDRESS (If rural, give location) <u>Cowan Hospital</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cowan Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Donald</u> b. (Middle) <u>Eugene</u> c. (Last) <u>NEELY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 29, 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>June 29, 1950</u>	9. AGE (In years last birthday) <u>✓</u>	IF UNDER 1 YEAR Months <u>✓</u> Days <u>✓</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Greenfield, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>Virgil Neely</u>	13b. MOTHER'S MAIDEN NAME <u>Viola Shaw</u>	14. NAME OF HUSBAND OR WIFE _____
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Virgil Neely; Rt #1, Dadeville, Mo.</u>	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>776XF</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumoniae with due to injury sustained by bicycle</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.			

19a. DATE OF OPERATION <u>6-30-50</u>	19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Greenfield</u> <u>no Dade</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6 24 '50 3 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Ran down by bicycle</u>
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22. I hereby certify that I attended the deceased from 6-24, 1950, to 6-29, 1950, that I last saw the deceased alive on 6-29, 1950, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>The Cowan</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Greenfield</u>	23c. DATE SIGNED <u>6-30-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 29, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenfield Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Greenfield, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>6-30-50</u>	REGISTRAR'S SIGNATURE <u>Geo. L. Weir</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Canada</u>	ADDRESS <u>Greenfield, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0290

DISTRICT HEALTH OFFICE #6
MONETT, MISSOURI

Rec - 7-3-50
file - 250-744
7-5-50

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.~~

Not Embalmed J. C. Canada

Signed _____

Student _____
Student Embalmer

Licensed Embalmer No. 4196

P. O. Address _____

Greenfield, 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.