

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24307  
Registrar's No. 62

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 6968

1. PLACE OF DEATH a. COUNTY <b>PLATTE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>BUCHANAN</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL (CARROLL TWP.)</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. JOSEPH 8117</b>	
c. LENGTH OF STAY (In this place) <b>2 DAYS</b>		d. STREET ADDRESS (If rural, give location) <b>1221 SYLVANIA</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5 MI. E. OF PLATTE CITY</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>SUSAN</b> b. (Middle) <b>LAURA</b> c. (Last) <b>MCNEELY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 10, 1950</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>APRIL 10, 1882</b>
9. AGE (In years last birthday) <b>68</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>
10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>ISAIAH BRADLEY</b>		13b. MOTHER'S M maiden name <b>ELEANOR TYNDALL</b>	
14. NAME OF HUSBAND OR WIFE <b>FRANK MCNEELY</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. LEWIS CLUTTER, PLATTE CITY, MO.</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a): stating the underlying cause last. DUE TO (b) <b>Myocardial degeneration</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"/>			
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 <u>June</u> , 19 <u>50</u> , to <u>July 10</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>July 10</u> , 19 <u>50</u> and that death occurred at <u>12</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>[Signature]</b> (Degree or title)		23b. ADDRESS <b>Smithville, Mo.</b>	
23c. DATE SIGNED <b>7/10/50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>7-12-50</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>MT. AUBURN CEM.</b>		24d. LOCATION (City; town; or county) (State) <b>ST. JOSEPH, MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>7-12-50</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>Platte City, Mo.</b>	

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

0830



**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 Roland M. Guffee

Licensed Embalmer No. 4725

P. O. Address Platts City, 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.