

FILED AUG 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **26244**BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **253**

1. PLACE OF DEATH a. COUNTY Cape Girardeau County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give town) Cape Girardeau		c. LENGTH OF STAY (in this place) 3 weeks	
c. CITY (If outside corporate limits, write RURAL and give township) Caruthersville, Missouri		d. STREET ADDRESS (If rural, give location) 406 Carlton Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION H. & H. Nursing Home (Cape)			
3. NAME OF DECEASED a. (First) James b. (Middle) Frances c. (Last) Neeley		4. DATE OF DEATH (Month) (Day) (Year) August 14, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 24, 1865
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months Days 	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-Retired		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Bedford County, Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME W.A. Neeley		13b. MOTHER'S MAIDEN NAME Elizabeth McElrath	14. NAME OF HUSBAND OR WIFE X
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charley Neeley 406 Carlton Ave. Caruthersville, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremic Intoxication ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Heart Failure DUE TO (c) Secondary to prolonged systolic & diastolic hypertension (suppressed) 2. 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) (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 July 22, 1950 , to August 12, 1950 , that I last saw the deceased alive on Aug. 12, 1950 , and that death occurred at 6:08 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Albert M. Estes M.D.		23b. ADDRESS Cape Gir, Mo 714. Rd. away	
23c. DATE SIGNED 8-22-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Aug. 16, 1950	
24c. NAME OF CEMETERY OR CREMATORY Yorkville Cemetery		24d. LOCATION (City, town, or county) (State) Yorkville, Tennessee	
DATE REC'D BY LOCAL REG. 8-22-1950		REGISTRAR'S SIGNATURE C. C. Summers	
25. FUNERAL DIRECTOR'S SIGNATURE H. S. Smith		ADDRESS Funeral Home 808 Ward Ave. Caruthersville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

AUG 26 1950

DISTRICT HEALTH OFFICE No. 6

File No.

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.

Signed W. Denver Fike

Signed

Student Embalmer

Licensed Embalmer No. 4484

P. O. Address Caruthersville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.