

STANDARD CERTIFICATE OF DEATH

State File No. **39764**

FILED DEC 27 1950

BIRTH NO. _____ REG. DIST. NO. **15** PRIMARY REG. DIST. NO. **3004** Registrar's No. **84**

1. PLACE OF DEATH a. COUNTY BARTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BARTON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LAMAR		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LAMAR	
c. LENGTH OF STAY (In this place) 7 years		d. STREET ADDRESS (If rural, give location) 706 GRAND	
d. FULL NAME OF HOSPITAL OR INSTITUTION 706 GRAND			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) HAZEL	b. (Middle) GLADDOUS	c. (Last) NEAS	(Month) DEC	(Day) 3	(Year) 1950		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 22 1896	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR 5 Months	IF UNDER 24 HRS. 11 Hours	IF UNDER 10 MIN. 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (State or foreign country) MILFORD, MISSOURI		12. CITIZEN OF WHAT COUNTRY? US	

13a. FATHER'S NAME JACOB FAUBION		13b. MOTHER'S MAIDEN NAME DORA HUDSON		14. NAME OF HUSBAND OR WIFE FRED L. NEAS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) XXX		16. SOCIAL SECURITY NO. XXX		17. INFORMANT'S SIGNATURE OR NAME FRED L. NEAS,		ADDRESS LAMAR, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of left lung.		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) _____ 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 9/15/50		19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma left lung, source undetermined.		20. AUTOPSY? 163X 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 **6-27**, 19**50**, to **Dec. 3**, 19**50**; that I last saw the deceased alive on **Dec. 2**, 19**50**, and that death occurred at **2:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE John T. Bickel M.D.		23b. ADDRESS Lamar, MO.		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC 5 1950		24c. NAME OF CEMETERY OR CREMATORY LAKE	
24d. LOCATION (City, town, or county) (State) LAMAR, MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE Masie Konantz		ADDRESS KONANTZ FUNERAL HOME, LAMAR, MO.	
DATE REC'D BY LOCAL REG. DEC 4 - 1950		REGISTRAR'S SIGNATURE 14			

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED DEC 12 1950

Dist. File 1250-2498

Date Filed 12-20-50

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Frank W. Denton.

Signed.....
Student Embalmer

Licensed Embalmer No. 4581

P. O. Address Lamar, Missouri

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.