

FILED APR 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11637

State File No. _____
Registrar's No. 435

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 435		
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 2 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		0117		
d. FULL NAME OF HOSPITAL OR INSTITUTION 2901 So. 19th St. (Home)				d. STREET ADDRESS (If rural, give location) 2901 So. 19th St. 0				
3. NAME OF DECEASED (Type or Print) a. (First) MILLIE b. (Middle) B. c. (Last) NEELAND			4. DATE OF DEATH Month 4 Day 19 Year 1951					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) Married		8. DATE OF BIRTH 10-5-1883		
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) McClouth, Kansas /		
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Robert Foster		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE C.E. Neeland		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS C.E. Neeland, 1901 So. 19th St.				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension					INTERVAL BETWEEN ONSET AND DEATH 30 minutes 1 year Unknown Unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None		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.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None				
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? None				
22. I hereby certify that I attended the deceased from 6-25-1948, to 4-19-1951, that I last saw the deceased alive on 4-14-1951, and that death occurred at 1:45A m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Allen S. Herman M.D.				23b. ADDRESS 620 Francis St.		23c. DATE SIGNED 4-19-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 5		24b. DATE 4-22-51		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive		24d. LOCATION (City, town, or county) (State) Troy, Kansas		
DATE REC'D BY LOCAL REG. April 21, 1951		REGISTRAR'S SIGNATURE Carl C. Casper		FEDERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS St. Joseph, Mo.		

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

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.

Signed.....
Student Embalmer

Student Embalmer No.

Signed.....

Licensed Embalmer No. 7986

P. O. Address St. Joseph, 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.