

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34072

State File No.

FILED NOV 14 1951

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 208

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. LENGTH OF STAY (in this place) 65 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage	
		d. STREET ADDRESS (If rural, give location) 818 W. Chestnut St.	

3. NAME OF DECEASED (Type or Print)	a. (First) FRED	b. (Middle) STEPHEN	c. (Last) NEELY	4. DATE OF DEATH (Month) (Day) (Year) Nov 2, 1951
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 3, 1886	9. AGE (In years) (Months) (Days) (Hours) (Min.) 65
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) trucker	10b. KIND OF BUSINESS OR INDUSTRY lumber	11. BIRTHPLACE (State or foreign country) Jasper County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Neely	13b. MOTHER'S MAIDEN NAME Rosina Shaw	14. NAME OF HUSBAND OR WIFE Garetta Carter Neely
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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) no	16. SOCIAL SECURITY NO. 490-10-2781	17. INFORMANT'S SIGNATURE OR NAME Mrs. F.S. Neely	ADDRESS 818 W. Chestnut, Carthage, Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 mo
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatous		
	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 29 Oct 51	19b. MAJOR FINDINGS OF OPERATION Generalized Carcinomatous	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 1998
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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?
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22. I hereby certify that I attended the deceased from 22 Oct, 1951, to 2 NOV, 1951, that I last saw the deceased alive on 1 NOV, 1951, and that death occurred at 4:25a m., from the causes and on the date stated above.

23a. SIGNATURE W E Byrd (Degree or title) MD	23b. ADDRESS Carthage, Mo	23c. DATE SIGNED 11-2-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Nov 5, 1951	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	24d. LOCATION (City, town, or county) (State) Carthage, Mo
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DATE REC'D BY LOCAL REG. 11-3-51	REGISTRAR'S SIGNATURE L B Clinton MD	25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary, Carthage, Mo	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 11-13-51
Jasper County Health Office
County File Number 51/11/846
Date Filed 11-13-51

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 Frank W. Knell

Licensed Embalmer No. 4440

P. O. Address Carthage, 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.