

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5607

No. 300
10-48

FILED JAN 5 1952

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5607

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (In this place) 6 Mo.		d. STREET ADDRESS (If rural, give location) 7746 State Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pickwick Hotel			

3. NAME OF DECEASED (Type or Print) a. (First) Ingall	b. (Middle) Howard	c. (Last) Neas	4. DATE OF DEATH (Month) (Day) (Year) Dec. 25, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married	8. DATE OF BIRTH Nov. 12, 1908	9. AGE (In years last birthday) 43	10. MONTHS 1	11. DAYS 1	12. HOURS 1	13. MIN. 1
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Doctor	10b. KIND OF BUSINESS OR INDUSTRY His Self	11. BIRTHPLACE (State or foreign country) Lamar, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Clarence I. Neas	13b. MOTHER'S MAIDEN NAME Lydia R. Seroy	14. NAME OF HUSBAND OR WIFE Muriel E. Neas
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. World War #2	17. INFORMANT'S SIGNATURE OR NAME Muriel E. Neas	ADDRESS 7746 State Ave., W.C.K.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hearting Fat. Excess Morphine poison		INTERVAL BETWEEN ONSET AND DEATH 3185
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) psychoneurosis		
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 checked="" type="checkbox"/> NO <input 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.) Hotel	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-25-51 10 A.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR morphine poison

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Geo. C. Kealhofer (Degree or title) Geo. C. Kealhofer and deputy coroner	23b. ADDRESS 4050 Revolutary, W.C.K.	23c. DATE SIGNED 12-25-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-28-51	24c. NAME OF CEMETERY OR CREMATORY Chauwood Cem.	24d. LOCATION (City, town, or county) (State) Empolmed by Loretta H. Hottel
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DATE REC'D BY LOCAL REG. 12-27-51	REGISTRAR'S SIGNATURE Edw. Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Edw. Holmes	ADDRESS Edw. Holmes K.C.K.
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(Licensed Embalmer's Statement on Reverse Side)

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

2019 8/27

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.....
Student Embalmer

Signed *Harold B. Cheternac*

Licensed Embalmer No. *3035*

P. O. Address *1318 Quindaro*

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.

Kansas City, Mo.