

S. No. 300  
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4415

FILED MAR 1 1952

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 53

1264

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

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township OR TOWN <u>Jefferson City</u> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City,</u>	
c. LENGTH OF STAY (In this place) <u>26 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>610 Washington Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>610 Washington Street</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>PORTER</u> b. (Middle) <u>GREEN</u> c. (Last) <u>NEELY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 25 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>MAY 28, 1881</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Crown Drug Store</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Linn Creek, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>William Bert Neely</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Ross</u>		14. NAME OF HUSBAND OR WIFE <u>Golden Neely</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>486-18-8501</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Golden Neely 610 Washington</u>	

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) <u>Coronary Occlusion</u>  ANTECEDENT CAUSES <u>arterio sclerosis</u> 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.			INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>  <u>2 years</u>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		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)		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 June 12, 1949, to Feb. 25, 1952, that I last saw the deceased alive on Feb 25, 1952, and that death occurred at 2.45A m., from the causes and on the date stated above.

23a. SIGNATURE <u>S. Kanagawa MD</u> (Degree or title)		23b. ADDRESS <u>1 Dallmeyer Bldg.,</u>		23c. DATE SIGNED <u>2-26-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>FEB 27, 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>			

DATE REC'D BY LOCAL REG. <u>Feb 27-52</u>		REGISTRAR'S SIGNATURE <u>R.P. Dorris MD-RR</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Farrington Home 700 Jefferson St.,</u>	
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(Licensed Embalmer's Statement on Reverse Side)

**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 *Raymond N. Martin*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *4150*

P. O. Address *Jefferson City, 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.