S. No. 300
v. 10.48

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

FILED MAY 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12000

BIRTH NO. 27.530 REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 123

0105
0

1. PLACE OF DEATH
a. COUNTY Boone University Hosp.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Columbia
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) UNIVERSITY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Boone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) COLUMBIA 0105 0
d. STREET ADDRESS (If rural, give location) 1 'W' STREET (STADIUM COURT)

3. NAME OF DECEASED (Type or Print)
a. (First) Brenda
b. (Middle) Sue
c. (Last) Neese

4. DATE OF DEATH (Month) 5 (Day) 8 (Year) 52

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED
8. DATE OF BIRTH MAY 5, 1952
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 3 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME J.D. Neese
13b. MOTHER'S MAIDEN NAME Sarah Whittington
14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Mrs J D Neese **ADDRESS** Columbia 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity (6 months) — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Congenital Atelectasis

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 —
19b. MAJOR FINDINGS OF OPERATION — 7625
20. AUTOPSY? YES ☐ NO ☑

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) — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 5-5, 1952, *to* 5-8, 1952, *that I last saw the deceased alive on* 5-8, 1952, *and that death occurred at* 1 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Charles Scheuber **(Degree or title)** M.D.
23b. ADDRESS 909 University Ave. Columbia Missouri
23c. DATE SIGNED 5-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Pathology Study
24b. DATE 5/9/52
24c. NAME OF CEMETERY OR CREMATORY Dept. of Pathology - Univ. of Missouri
24d. LOCATION (City, town, or county) Columbia (State) Mo.

DATE REC'D BY LOCAL REG. May 9 1952
REGISTRAR'S SIGNATURE Mrs. R.E. Palmer
25. FUNERAL DIRECTOR'S SIGNATURE Emerson Neal M.D. **ADDRESS**

(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~~ prepared me, or by for anatomic studies and final disposal — working under my personal supervision.

Student Embalmer No.....

Signed Eugene Neal, M.D.

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address Columbia Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.