No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24249

State File No.

FILED JUL 30 1952

BIRTH NO. REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5477 Registrar's No. 97

1. PLACE OF DEATH
a. COUNTY: Grundy
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Madison twp Edinburg
c. LENGTH OF STAY (In this place): 14 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Family Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Grundy
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Edinburg 0400
d. STREET ADDRESS (If rural, give location): Route 5 Trenton 0

3. NAME OF DECEASED (Type or Print)
a. (First): Alvin
b. (Middle): Clyde
c. (Last): McNeely

4. DATE OF DEATH (Month) (Day) (Year): July 21 1952

5. SEX: Male 0
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar 30 1885
9. AGE (In years last birthday): 67 — If under 1 year: Months 3, Days 21, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railway Bridgeman
10b. KIND OF BUSINESS OR INDUSTRY: construction.
11. BIRTHPLACE (State or foreign country): Mercer Co. Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James McNeely
13b. MOTHER'S MAIDEN NAME: Emily Dinsmore
14. NAME OF HUSBAND OR WIFE: Mamie Buzzard McNeely

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. Mamie McNeely
ADDRESS: Route 5 Trenton

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) Coronary Occlusion - Sudden death — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

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

DUE TO (b) Coronary insufficiency — Few months

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: None
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
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* June 28, 1952, *to* July 21, 1952, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 6:00 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C H Cullers M D 0
23b. ADDRESS: Trenton Mo
23c. DATE SIGNED: 7-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 24 1952
24c. NAME OF CEMETERY OR CREMATORY: K.P. Cemetery
24d. LOCATION (City, town, or county) (State): Trenton, Mo.

DATE REC'D BY LOCAL REG.: 7-24-52
REGISTRAR'S SIGNATURE: Irene Davis 0
25. FUNERAL DIRECTOR'S SIGNATURE: Davis-Blackmore
ADDRESS: Trenton, Mo.

(Licensed Embalmer's Statement on Reverse Side) (Over)

By. CH Cullers. (Over)

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

Note: I was called to see Mr. McNeely shortly after 6:00 A.M. July 2
He was dead when I arrived. He fell at the barn and I am of
the opinion he was dead when brought to the house.
I saw him with a coronary attack June 28-1952 and
it is my opinion that he died from this sort of attack
C H Caulle

FEB 21 1962

JUL 31 19

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. 454

working under my personal supervision.

Student Harold L. Roberts
Student Embalmer

Signed Gordon Blackmon

Licensed Embalmer No. 4622

P. O. Address Trenton, 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.