No. 300
10.48

FILED AUG 25 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28672

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 205

1. PLACE OF DEATH
a. COUNTY Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brookfield
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) Brookfield Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brookfield 0582
d. STREET ADDRESS (If rural, give location) 114 Sherman

3. NAME OF DECEASED (Type or Print) a. (First) JESSE b. (Middle) HUGH c. (Last) McNEES

4. DATE OF DEATH (Month) (Day) (Year) Aug. 19 - 1952

5. SEX M
6. COLOR OR RACE B
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH Jan-24-1873
9. AGE (In years last birthday) 79 | IF UNDER 1 YEAR Months 6 Days 26 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Drayman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Neosha Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME H. McNees
13b. MOTHER'S MAIDEN NAME Cathern Carey
14. NAME OF HUSBAND OR WIFE Elizabeth McNees

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 John Richardson ADDRESS Brookfield 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) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis and — Years
DUE TO (c) hypertension

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 331 X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no
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* Aug 15, 1952, *to* Aug 19, 1952, *that I last saw the deceased alive on* Aug 19, 1952, *and that death occurred at* 1:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE McT Lemance (Degree or title) D.O.
23b. ADDRESS Brookfield, Mo.
23c. DATE SIGNED 8-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8/21-52
24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cem
24d. LOCATION (City, town, or county) Brookfield (State) Mo

DATE REC'D BY LOCAL REG. 8-21-52
REGISTRAR'S SIGNATURE Nadine Stambach 167 dep
25. FUNERAL DIRECTOR'S SIGNATURE J. A. Blacklock ADDRESS Brookfield Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 J. M. Blackstock

Licensed Embalmer No. 3246

P. O. Address Brookfield Ind

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.