

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31740**

**FILED** OCT 4 1952 REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **4138**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City Mo 1 year</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5802 Norledge</b>		d. STREET ADDRESS (If rural, give location) <b>5802 Norledge</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Perry</b> b. (Middle) <b>Elmer</b> c. (Last) <b>Mc Neely</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>9-19-52</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>March 19 1887</b>
9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>	
11. BIRTHPLACE (State or foreign country) <b>Henry Co. Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William Mc Neely</b>		13b. MOTHER'S MAIDEN NAME <b>Mollie Mc Neely</b>	
14. NAME OF HUSBAND OR WIFE <b>Lenie Mc Neely</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>500-10-7935</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Paul Gearout</b>		ADDRESS <b>5608 Saida Ke.mo</b>	
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) <b>Carcinoma</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Primary in sigmoid Colon</b>  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 <b>4-10-1952</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of sigmoid - Generalized Metastasis</b>	
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) (Min.)		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 <b>April, 1952</b> , to <b>Sept 19, 1952</b> , that I last saw the deceased alive on <b>Sept 14, 1952</b> , and that death occurred at <b>7:15 P.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Edson C. Carrier</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>242 Plaza Med Bldg.</b>	
23c. DATE SIGNED <b>9/19/52</b>			
24a. BURIAL CREMATION (REMOVAL) (Specify) <b>Burial</b>		24b. DATE <b>49-20-52</b>	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>Clinton, Mo</b>	
DATE REC'D BY LOCAL REG. <b>9-20-52</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>France Warnall</b>		ADDRESS <b>Funeral Home</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 10 1952

OCT 6 1952

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: *Russell N. France*

Licensed Embalmer No. *4255*

P. O. Address. *K. C. 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.