

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17333

State File No. ....

LED JUN 8 1953

BIRTH NO. ....

REG. DIST. NO. 59

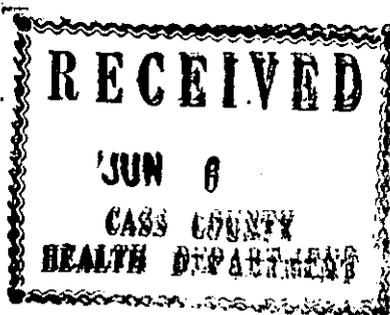
PRIMARY REG. DIST. NO. 4097

Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <b>Cass</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Cass</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Harrisonville</b>		c. LENGTH OF STAY (In this place) <b>7 yrs</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Memorial Hospital</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Harrisonville 0191</b>	
		d. STREET ADDRESS (If rural, give location) <b>405 Pexton</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Virgil</b> b. (Middle) <b>Beridan</b> c. (Last) <b>McNeese</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 28-1953</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>Nov. 4 1889</b>
10a. USUAL OCCUPATION (Give kind of work constituting most of working life, even if retired) <b>Farmer, retired 7 yrs.</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years) (In months) (In days) (In hours) (In minutes) <b>63</b>
11. BIRTHPLACE (State or foreign country) <b>Missouri City, Mo.</b>		12. CITIZENSHIP OF WHAT COUNTRY? <b>USA.</b>	
13a. FATHER'S NAME <b>William McNeese</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah McNeese</b>	
14. NAME OF HUSBAND OR WIFE <b>Linda Gertrude McNeese</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>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Linda G McNeese</b>		ADDRESS <b>Harrisonville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>  ANTECEDENT CAUSES DUE TO (b) <b>Bladder Cancer - primary</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		19b. MAJOR FINDINGS OF OPERATION <b>18ix</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)		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>5-24</b> , 1953, to <b>5-28</b> , 1953, that I last saw the deceased alive on <b>5-28</b> , 1953, and that death occurred at <b>7:30 Am.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Harry B. Peirce</b>		23b. ADDRESS <b>Harrisonville, Mo.</b>	
23c. DATE SIGNED <b>5-29-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 31-1953</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Orient Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Harrisonville Mo.</b>	
DATE REC'D BY LOCAL REG. <b>May 31, 1953</b>		REGISTRAR'S SIGNATURE <b>Nora Barward</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>ATTINSON</b>		ADDRESS <b>13705 Harrisonville Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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



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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Wayd Atkinson*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3920*

P. O. Address *Harrisonville 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.