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FILED MAY 28 1953

STANDARD CERTIFICATE OF DEATH

State File No. 18918

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 106

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rolla
c. LENGTH OF STAY (in this place): Enroute
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Phelps Co. Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California
b. COUNTY: San Diego
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): La Mesa 8040
d. STREET ADDRESS (If rural, give location): 7520 El Cajon Blvd

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): N
c. (Last): Neace

4. DATE OF DEATH (Month) (Day) (Year): May 15, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 4, 1886
9. AGE (In years last birthday): 66 — If under 1 year: Months 9, Days 11 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Solar Aircraft Corp
11. BIRTHPLACE (State or foreign country): Lawrence Co. Ky
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Jasper Neace
13b. MOTHER'S MAIDEN NAME: Patsy Ekers
14. NAME OF HUSBAND OR WIFE: Emma L. Neace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): W.W.I — (If yes, give war or dates of service): U.S. Army-1913-1917
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Isabel Imogene Rye, 3907 Virginia Ave. — ADDRESS: Baldwin Park, Calif.

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): Basilar Skull fracture — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Auto accident
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Fractured cervical vertebrae
Fractured ribs and sternum — Immed.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Cuba Crawford Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 5-15-53 7:45 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Auto accident

22. *I hereby certify that I attended the deceased from* 5-15, 1953, *to* 5-15, 1953, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 7:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. A. Elders, Mo. O
23b. ADDRESS: Cuba, Mo.
23c. DATE SIGNED: 5-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May 18, 1953
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Huntington West Virginia

DATE REC'D BY LOCAL REG.: May 20, 1953
REGISTRAR'S SIGNATURE: Nadine L. Stoll 380
25. FUNERAL DIRECTOR'S SIGNATURE: Paul A. Shanklin — ADDRESS: Cuba, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed

MAY 28 1953

JUL 24 1953

AUG 4 1953

JUL 7 1953

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 Paul A. Franklin

Licensed Embalmer No. 3472

P. O. Address Cuba, Mo.

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

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