

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23654

State File No.

FILED JUL 14 1953

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) Ne vada	c. LENGTH OF STAY (in this place) 2yrs	c. CITY (If outside corporate limits, write RURAL and give township) Nevada	
d. FULL NAME OF HOSPITAL OR INSTITUTION 830 West Hunter		d. STREET ADDRESS (If rural, give location) 830 West Hunter	

3. NAME OF DECEASED (Type or Print) STELLA	a. (First)	b. (Middle) MAY	c. (Last) NEETE	4. DATE OF DEATH (Month) (Day) (Year) June 28, 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 29, 1869	9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months 11 Days 29 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Oscar Chappell	13b. MOTHER'S MAIDEN NAME Margaret Felker	14. NAME OF HUSBAND OR WIFE S.T. Neete (deceased)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Claudie Ames Bronaugh, Mo.	ADDRESS Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 6/28/53
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage (several in past two years) DUE TO (c) Advanced age - 84 yrs		
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 None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Nevada Vernon Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NO Injury	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? None
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22. I hereby certify that I attended the deceased from **June 19, 1953** to **June 28, 1953**, that I last saw the deceased alive on **about a week** and that death occurred at **9:15 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE W. H. Lewis MD	(Degree or title)	23b. ADDRESS Nevada Mo	23c. DATE SIGNED July 3/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE July 1, 1953	24c. NAME OF CEMETERY OR CREMATORY Topeka Cem. Assoc.	24d. LOCATION (City, town, or county) (State) Topeka, Kansas
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DATE REC'D BY LOCAL REG. 7-10-53	REGISTRAR'S SIGNATURE Anna E. Ferry	25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis	ADDRESS Webb City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 14 1959

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 Leon J Lewis D.

Licensed Embalmer No. 4541

P. O. Address Wichita City, KS

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.