

FILED MAY 5 1954

STANDARD CERTIFICATE OF DEATH

State File No. 12545

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4772 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waverly, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Middleton Twp. 0540	
d. FULL NAME OF HOSPITAL OR INSTITUTION Kelling Clinic		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED (Type or Print) Jesse Lee Neer		4. DATE OF DEATH (Month) (Day) (Year) 4 24 54	
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 27, 1890
9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months 7	IF UNDER 1 YEAR Days 27	IF UNDER 1 YEAR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Near Grand Pass, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Jesse Lee Neer	13b. MOTHER'S MAIDEN NAME Lula Elizabeth Slusher	14. NAME OF HUSBAND OR WIFE Elizabeth May Steel	
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. --- --	17. INFORMANT'S SIGNATURE OR NAME Mrs. Jesse Lee Neer, Waverly, Mo. ADDRESS _____	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary & cerebral artery ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Relapsed heart disease, etc. Conditions contributing to the death but not related to the disease or condition causing death. Cardiac vascular and diabetes	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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 Jan 6 1946, to Apr 24 1954, that I last saw the deceased alive on Apr 24 1954 and that death occurred at 4 P. m., from the causes and on the date stated above.			
23a. SIGNATURE Douglas Kelling M.D. (Degree or title)		23b. ADDRESS Waverly Mo	23c. DATE SIGNED 4-26-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-26-54	24c. NAME OF CEMETERY OR CREMATORY Waverly	24d. LOCATION (City, town, or county) (State) Waverly, Missouri.
DATE REC'D BY LOCAL REG. April 26-54	REGISTRAR'S SIGNATURE Clayton H Landrum 154	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Forest & Maple Higginsville, Mo.	

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

No. 300
10.48

0540

(Licensed Embalmer's Statement on Reverse Side)

MAR 14 1955

MAY 12 1955

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 Forrest A. Hooper

Licensed Embalmer No. 4388

P. O. Address Higginsville, 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.