

FILED JUL 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22177

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>776</u>			
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>3yr 3mo 3da</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		7005			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. State Hospital #2</u>				d. STREET ADDRESS (If rural, give location) <u>1902 Maywood</u>					
3. NAME OF DECEASED a. (First) <u>Annalee</u> (Type or Print)			b. (Middle)		c. (Last) <u>Neugebauer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7/12/54</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 4, 1895</u>			
9. AGE (In years last birthday) <u>59</u>		10. MONTHS <u>1</u>		11. DAYS <u>8</u>		12. HOURS <u></u> MIN. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (State or foreign country) <u>Houston, Texas</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>									
13a. FATHER'S NAME <u>Jim Mallan</u>			13b. MOTHER'S MAIDEN NAME <u>Annie Scott</u>			14. NAME OF HUSBAND OR WIFE <u>Theodore Neugebauer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>Not given</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Theodore Neugebauer, 1902 Maywood, Mo.</u> ADDRESS <u>Independence, Mo.</u>				
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				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u>				ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u>					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Psychotic</u>								<u>3 yr plus</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>190X</u>						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 <u>April 9, 1951, to July 12, 1954</u> , that I last saw the deceased alive on <u>7/12/54</u> , 19 <u>54</u> , and that death occurred at <u>12:15 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>G. E. Carson M.D.</u>				23b. ADDRESS <u>State Hospital No. 2</u>				23c. DATE SIGNED <u>7/12/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July 12-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Independence</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>			
DATE REC'D BY LOCAL REG. <u>July 13, 1954</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>		485-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Carson</u> ADDRESS <u>Indep, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

J. H. Gibson

Signed.....
Student Embalmer

Licensed Embalmer No. *4871*

P. O. Address. *Independence*

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.