

FILED SEP 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30180

BIRTH NO.		REG. DIST. NO. 98		PRIMARY REG. DIST. NO. 5359		Registrar's No. 88	
1. PLACE OF DEATH a. COUNTY Daviess				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Daviess			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Grand River Twp.		c. LENGTH OF STAY (in this place) 3 Months		c. CITY OR TOWN Gallatin		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 12 Miles NE Gallatin, Mo.				e. STREET ADDRESS (If rural, give location) --- 0310			
3. NAME OF DECEASED (Type or Print) a. (First) Alice b. (Middle) Hannah c. (Last) McNeely			4. DATE OF DEATH (Month) (Day) (Year) Sept. 14 1954				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb 24 1866	
9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months		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 Own Home		11. BIRTHPLACE (City and State or Foreign Country) Daviess County Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME B. Brown		13b. MOTHER'S MAIDEN NAME Sarrah Harbord		14. NAME OF HUSBAND OR WIFE Abraham McNeely, Dec'd.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Hadley Brown, Jameson, Missouri			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Sexualized Carcinomatous				Anterior	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma liver				unburn	
		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 1561				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 May 1954, to Sept 1954, that I last saw the deceased alive on Sept 10, 1954, and that death occurred at 10 P.M., from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) [Signature]				23b. ADDRESS Gallatin Mo		23c. DATE SIGNED 9/18/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-17-54		24c. NAME OF CEMETERY OR CREMATORY Hickory Creek Cemetery		24d. LOCATION (City, town, or county) (State) Daviess County Missouri	
DATE REC'D BY LOCAL REG. 9-21-54		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hope Funeral Home, Gallatin, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
L. O. Richerson

Licensed Embalmer No. *330*

P. O. Address.....
Salvatore

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.