

FILED SEP 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31057

State File No.

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 192

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give town) Carthage		c. CITY OR TOWN Cassville	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		STREET ADDRESS (If rural, give location) 2050 /	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mc Cune Brooks Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Gene b. (Middle) Marshal c. (Last) Mo Neely		4. DATE OF DEATH (Month) (Day) (Year) 9-18-1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 4-6-1929
9. AGE (In years last birthday) 25		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auctioneer		10b. KIND OF BUSINESS OR INDUSTRY Auction	11. BIRTHPLACE (City and State or Foreign Country) Stone County
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Guthery Mc Neely	
13b. MOTHER'S MAIDEN NAME Stump		14. NAME OF HUSBAND OR WIFE	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes	16. SOCIAL SECURITY NO. 490-28-2819	17. INFORMANT'S SIGNATURE OR NAME Jim Mc Neely ADDRESS Cassville Missouri	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Injuries Multiple extreme instantaneous		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 1. Broken skull fracture 2. Possible fracture cervical spine		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E8234 32			

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) ACCIDENT	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. Highway #71	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) JASPER MO. (STATE) MO.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-18-54 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? COULD NOT NEGOTIATE CURVE LEFT ROAD AND OVERTURNED

22. I hereby certify that I attended the deceased from **DO NOT ATTEND**, 19 , that I last saw the deceased alive on , 19 , and that death occurred at **11:25 P.** m., from the causes and on the date stated above.

23a. SIGNATURE W.W. Deusch	(Degree or title) Coroner Jasper County	23b. ADDRESS First Nat'l Bldg. Joplin	23c. DATE SIGNED 9-21-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9-19-1954	24c. NAME OF CEMETERY OR CREMATORY Glio Cemetery	24d. LOCATION (City, town, or county) (State) Cassville, Missouri

DATE REC'D BY LOCAL REG. 9-22-54	REGISTRAR'S SIGNATURE W.W. C.	25. FUNERAL DIRECTOR'S SIGNATURE Ulmer Funeral Home ADDRESS Carthage, Mo.
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

DEC 2 1954

OCT 1 1954

OCT 7

RECEIVED SEP 29 1954
Jasper County Health Office
County File Number 54-9-82
Date Filed SEP 29 1954

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 William B. Cartledge

Licensed Embalmer No. 48

P. O. Address Cartledge

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.