

FILED NOV 22 1954

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

37120

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465 Registrar's No. 1052

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

1. PLACE OF DEATH a. COUNTY <b>Greene.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <b>Rural Campbell</b> )	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>Springfield</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>U.S.#66 5 Mi.E.Spgfd.Mo.</b>		e. STREET ADDRESS (If rural, give location) <b>RFD#2</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) _____ c. (Last) <b>NEASE Jr.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 18, 1954</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>5 Nov. 1928</b>	9. AGE (In years last birthday) <b>26</b>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Labor</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Webster County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>John Nease Sr.</b>		13b. MOTHER'S MAIDEN NAME <b>Lora Bohannon</b>		14. NAME OF HUSBAND OR WIFE <b>Betty Nease</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes WWII</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Betty Nease</b> ADDRESS <b>RFD#2 Springfield, Mo.</b>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Crushed Skull and Broken Neck</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>
		ANTECEDENT CAUSES DUE TO (b) _____ 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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Campbell Twp. Greene Missouri</b>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Nov. 18, 1954 4P</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Automobile Accident</b>	
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22. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, and that death occurred at **4:00P** m., from the causes and on the date stated above.

23a. SIGNATURE OF CORONER <b>E. Allen Pickens</b>		23b. ADDRESS <b>Greene County Court House Springfield, Mo.</b>		23c. DATE SIGNED <b>11-19-54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Removal</b>		24c. NAME OF CEMETERY OR CREMATORY <b>---</b>		24d. LOCATION (City, town, or county) (State) <b>Marshfield, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>11-19-54</b>		REGISTRAR'S SIGNATURE <b>Edith Williams</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Barber Funeral Home</b> ADDRESS <b>Marshfield, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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 *Ogle Slone Jr* .....

Licensed Embalmer No. *4176* .....

P. O. Address *Springfield* .....

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.