

FILED FEB 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4942

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 548

1. PLACE OF DEATH a. COUNTY <u>JACKSON</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>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>20 YEARS</u>	c. CITY OR TOWN <u>KANSAS CITY</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6104 TRACY AVENUE - 5108</u>		STREET ADDRESS (If rural, give location) <u>3842 CHESTNUT AVENUE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>ELTON</u> c. (Last) <u>McNEELY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEBRUARY-5-1955</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL-29-1897</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NORTON CONSTRUCTION Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>STOCKTON, MISSOURI</u>
13a. FATHER'S NAME <u>BENJAMIN McNEELY</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA CARR</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. EVA McNEELY</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>487-09-9689</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. EVA McNEELY</u> ADDRESS <u>3842 CHESTNUT KANSAS CITY 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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Left Ventricular Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 yr</u> <u>1201</u> <u>1953</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Coronary Atherosclerosis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Previous Pastors</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Coronary Occlusion</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"/> <u>2-59</u>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-9-54 to 2-5-55, 1955, that I last saw the deceased alive on 11-9, 1954, and that death occurred at 11:30 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>KC MO</u>	23c. DATE SIGNED <u>2-7-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB-7-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>STOCKTON CITY CEMETERY</u>
DATE REC'D BY LOCAL REG. <u>2-7-55</u>	REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	24d. LOCATION (City, town, or county) (State) <u>STOCKTON MISSOURI</u>
25. FUNERAL DIRECTOR'S SIGNATURE <u>W.H. Newcomer</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
W. M. Ketchum

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 *Chester K Brown*

Licensed Embalmer No. *495*

P. O. Address *KE m*

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.