

FILED DEC 8 1955

STANDARD CERTIFICATE OF DEATH

State File No. **36443**
 BIRTH NO. **78775-55** REG. DIST. NO. **103** PRIMARY REG. DIST. NO. **5417** Registrar's No. **321**

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harnersville Daylesburg		c. LENGTH OF STAY (In this place) OR c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harnersville	
d. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION		d. STREET ADDRESS (If rural, give location) Route 1	
3. NAME OF DECEASED (Type or Print) a. (First) Genevieve b. (Middle) Neshitt c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 11-18-55
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 11-18-55
9. AGE (In years last birthday) 0 Months 0 Days 0 Hours 6 Min.		9. AGE (In years last birthday) 0 Months 0 Days 0 Hours 6 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Steubenville MO
12. CITIZEN OF WHAT COUNTRY? USA		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Neshitt		13b. MOTHER'S MAIDEN NAME Jettie B Evans	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) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME James Neshitt
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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.		776X	
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)		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)		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>10/18</u>, 1955, to <u>10/18</u>, 1955, that I last saw the deceased alive on <u>10/18</u>, 1955, and that death occurred at <u>10 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) William F. Turner MD		23b. ADDRESS Steubenville MO	23c. DATE SIGNED 11/19/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-19-55	24c. NAME OF CEMETERY OR CREMATORY Oak Grove	24d. LOCATION (City, town, or county) (State) Halland MO
DATE REC'D BY LOCAL REG. 11-26-55		REGISTRAR'S SIGNATURE Sue Palenske	523 25. FUNERAL DIRECTOR'S SIGNATURE None
ADDRESS		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT12-5-55
COUNTY FILE NUMBER 1255-2

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.....

Not Embalmed

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.