

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37260**

FILED NOV 18 1955

BIRTH NO. **77934-55** REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **3028** Registrar's No. **177**

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

1. PLACE OF DEATH a. CITY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY OR TOWN <b>Carthage</b>		c. CITY OR TOWN <b>Carthage</b>	
c. LENGTH OF STAY (in this place) <b>5hr. 26Min.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>McCune Brooks Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>312 N. Francis St.</b>	
3. NAME OF DECEASED a. (First) <b>Elizabeth Ann</b> b. (Middle) <b>Neely</b> c. (Last) <b>Neely</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>11-6-55</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>11-6-55</b>
9. AGE (In years last birthday) <b>5</b>		IF UNDER 1 YEAR Months <b>12</b> Days <b>6</b>	IF UNDER 24 HRS. Hours <b>5</b> Mins. <b>26</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Carthage, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Harold Neely</b>	
13b. MOTHER'S MAIDEN NAME <b>Betty L. Sharon</b>		14. NAME OF HUSBAND OR WIFE <b>Harold Neely</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Harold Neely</b>		ADDRESS <b>Carthage, Mo.</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Premature Birth</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 hrs</b>
ANTECEDENT CAUSES DUE TO (b) <b>Premature rupture of membranes - 3 wks before</b>			
DUE TO (c) <b>(Baby weighed 1# 4 oz)</b>			
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 <b>7615</b>	
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 <b>11-6, 1955</b> , to <b>11-6, 1955</b> , that I last saw the deceased alive on <b>11-6, 1955</b> , and that death occurred at <b>5 P. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Russell Smith</b> (Degree or title)		23b. ADDRESS <b>Carthage Mo.</b>	
23c. DATE SIGNED <b>11-7-55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-7-55</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Carthage, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>11-7-55</b>		REGISTRAR'S SIGNATURE <b>Elly Hunter</b> <b>139</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>The Ulmer Funeral Home</b>		ADDRESS <b>Carthage</b>	

RECEIVED NOV 1 / 1955  
Jasper County Health Office

County File Number 55-11-772  
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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..

BABY WAS PACKED AND NOT EMBALMED

Student.....  
Signature of Student Embalmer

Signed.....  
Ed. C. Ulmer, Jr.  
Licensed Embalmer No. 4955..

P. O. Address Carthage, 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.