

FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5814

State File No.

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 141

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| 1. PLACE OF DEATH a. COUNTY <u>Pettis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> | | c. LENGTH OF STAY (In this place) <u>Life</u> | c. CITY OR TOWN <u>Sedalia</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| STREET ADDRESS <u>1109 West 7th</u> | | (If rural, give location) <u>0 8 1/2</u> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>MILDRED</u> | b. (Middle) <u>YANCEY</u> | c. (Last) <u>NEELY</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 3, 1956</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED? <u>WIDOWED, DIVORCED (Specify)</u> | 8. DATE OF BIRTH <u>Aug. 28, 1864</u> | 9. AGE (In years last birthday) <u>91</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Ownhome</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Otterville, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |

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| 13a. FATHER'S NAME <u>Jeremiah Yancey</u> | 13b. MOTHER'S MAIDEN NAME <u>Margaret Wright</u> | 14. NAME OF HUSBAND OR WIFE <u>Charles W. Neely (Dec.)</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Clyde Heynig, Sedalia, Mo.</u> | ADDRESS |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal Pneumonia.</u> | | <u>2 days.</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio- Vascular Disease 2 yrs.</u> DUE TO (c) <u>Senility.</u> | | <u>Over 3 yrs.</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio Sclerosis. Over 3 yrs.</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>None.</u> | 20. AUTOPSY? <u>4221 No.</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</u> | 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) <u>None.</u> | 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 25 yrs, 19 , to March 3rd, 1956, that I last saw the deceased alive on March 3rd, 1956 and that death occurred at 1.25 Pm., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Jno. B. Carlisle, M.D.</u> | (Degree or title) <u>Jno. B. Carlisle, M.D.</u> | 23b. ADDRESS <u>Sedalia, Missouri.</u> | 23c. DATE SIGNED <u>3-5-56</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Mar. 5, 1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u> | 24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>3-5-56</u> | REGISTRAR'S SIGNATURE <u>Laurie Coont</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Heckart</u> | ADDRESS <u>Sedalia, Mo.</u> |
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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 *Russell C. Maag*.....

Licensed Embalmer No. *48*.....

P. O. Address *Sedalia*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.