

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **40838**

FILED DEC 24 1956

BIRTH NO. _____		REG. DIST. NO. <b>53</b>		PRIMARY REG. DIST. NO. <b>3009</b>		Registrar's No. <b>54</b>	
1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jackson</b>		c. LENGTH OF STAY (In this place) <b>6 months</b>		c. CITY OR TOWN <b>Cape Girardeau</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Deal Nursing Home</b>				e. STREET ADDRESS (If rural, give location) <b>1319 Broadway</b>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <b>CHLOE</b>	b. (Middle) <b>ANN</b>		c. (Last) <b>McNEELY</b>		Month <b>December</b>	Day <b>10</b>	Year <b>1956</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>January 20, 1861</b>		9. AGE (In years last birthday) <b>95</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>20</b>	IF UNDER 24 HRS. Hours <b>1</b> Min. <b>1</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE. (City and State or Foreign Country) <b>Brazeau, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
13a. FATHER'S NAME <b>John W. Knox</b>		13b. MOTHER'S MAIDEN NAME <b>Marthe E. McNeely</b>		14. NAME OF HUSBAND OR WIFE <b>L.L. McNeely</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>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Miss Leila McNeely</b> ADDRESS <b>Cape Gir., 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Apoplexy</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>14 hrs</b> <b>Unkown</b>	
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) m.		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>Dec 10, 1956</b> to <b>Dec 10, 1956</b> , that I last saw the deceased alive on <b>Dec 10, 1956</b> , and that death occurred at <b>6:30 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>J. N. Jaeger, M.D.</b>				23b. ADDRESS <b>Jackson, Mo</b>		23c. DATE SIGNED <b>Dec 12, 1956</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec. 14, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Russel Height Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Jackson, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>12-17-56</b>		REGISTRAR'S SIGNATURE <b>W. C. Summers</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Walthers Funeral Home</b>		ADDRESS <b>Cape Gir. Mo</b>	

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

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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..

Student.....  
Signature of Student Embalmer

Signed *Virgil H. Welch*.....  
Licensed Embalmer No. *4162*.....

P. O. Address *Cape Girardeau*.....

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.