FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005007
State File No.

BIRTH NO. REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 5420 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Holcomb
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Res

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dunklin
c. CITY OR TOWN: Holcomb
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Holcomb Route 1 0350

3. NAME OF DECEASED (Type or Print)
a. (First): Lester
b. (Middle): Earl
c. (Last): Neely

4. DATE OF DEATH (Month) (Day) (Year): Feb. 4, 1958

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: Nov. 1, 1956
9. AGE (In years last birthday): 1 — If under 1 year: Months 3, Days 4 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant
10b. KIND OF BUSINESS OR INDUSTRY: infant
11. BIRTHPLACE (City and State or Foreign Country): Holcomb, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Ollie Neely
13b. MOTHER'S MAIDEN NAME: Mary Gahram
14. NAME OF HUSBAND OR WIFE: infant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Ollie Neely
ADDRESS: Holcomb, Mo Rt. 1

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Influenza

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
481X
20. AUTOPSY? 2 YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Nat
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hol Comb
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Dunklin Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 1 *, 19*58*, to* Jan. 22 *, 19*58*, that I last saw the deceased alive on* Jan. 22 *, 19*58*, and that death occurred at* 5:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature]
(Degree or title): M.D.
23b. ADDRESS: GIDEON MO.
23c. DATE SIGNED: FEB. 10/58

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 6, 1958
24c. NAME OF CEMETERY OR CREMATORY: Stanfield
24d. LOCATION (City, town, or county) (State): Clarkton, Missouri

DATE REC'D BY LOCAL REG.: 2-15-58
REGISTRAR'S SIGNATURE: J. H. Anderson
25. FUNERAL DIRECTOR'S SIGNATURE: McDaniel Kennett
ADDRESS: Missouri

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 2-24-58

COUNTY FILE NUMBER 258-5

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ....., Student Embalmer No....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Hubert B. Baird
Kennett
Licensed Embalmer No..
4888
P.O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITIN
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.