

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032879
Stat. File No.

No. 300
10. 48

FILED SEP 16 1958

BIRTH NO. 6473557 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4014

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Safayette	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY OR TOWN Odessa	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) Life		STREET ADDRESS (If rural, give location) R R # 2 0548	
d. FULL NAME OF HOSPITAL OR INSTITUTION Conley Maternity Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Baby b. (Middle) Girl c. (Last) Neer			4. DATE OF DEATH (Month) (Day) (Year) July 3, 1958		
5. SEX FEMALE	6. COLOR OR RACE white	7. MARRIED: NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) C	8. DATE OF BIRTH July 2, 1958		9. AGE (In years last birthday) 12 Months 05 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) K. C., Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Harry L. Neer		13b. MOTHER'S MAIDEN NAME Marjorie E. Boyer		14. NAME OF HUSBAND OR WIFE Harry L. Neer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Harry L. Neer, Odessa, Mo. ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis ANTECEDENT CAUSES DUE TO (b) Broncho pneumonia Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Premature Birth II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 76-5
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 **July 2, 1958** to **July 3, 1958**, that I last saw the deceased alive on **July 3, 1958** and that death occurred at **12:05 PM**, from the causes and on the date stated above.

23a. SIGNATURE Myron D. Jones (Degree or title)		23b. ADDRESS 926 E 11 St		23c. DATE SIGNED 8-6-58	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 7/3/58		24c. NAME OF CEMETERY OR CREMATORY K. C. College of Osteopathy & Surgery, K. C., Mo.	
24d. LOCATION (City, town, or county) (State)		25. FEDERAL DIRECTOR'S SIGNATURE K.C. College of Osteopathy, K.C., Mo. ADDRESS			
DATE REC'D BY LOCAL REG. 8-20-58		REGISTRAR'S SIGNATURE neve Marshall			

(Licensed Embalmer's Statement on Reverse Side)

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

5102



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.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.