

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020345
STATE FILE NUMBER

FILED JUL 7 1959

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 44

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY Barton			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lamar		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At home		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 300 W- 6th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First RICHARD Middle NEELEY Last NEELEY			4. DATE OF DEATH Month June Day 29 Year 1959		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 8 1870	9. AGE (In years) 89	IF UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer- Retired		10b. KIND OF BUSINESS OR INDUSTRY General labor	11. BIRTHPLACE (City and state or country) Minden, Illinois		12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME William Neeley		13b. MOTHER'S MAIDEN NAME Elzia Beasley		14. NAME OF HUSBAND OR WIFE Ella Jeanette Stone	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 493-16-1241	17. INFORMANT Address Mrs. Ella J. Neeley, Lamar, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of colon					INTERVAL BETWEEN ONSET AND DEATH over 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____					
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hemorrhages from Bowel					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from May 4, 1958 to June 29, 1959 and last saw ^{her} alive on May 2, 1959 Death occurred at 9:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Jern T. Bickel, M.D.			22b. ADDRESS Lamar, Missouri		22c. DATE SIGNED 6/29/59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE July 1 1959	23c. NAME OF CEMETERY OR CREMATORY Nigh		23d. LOCATION (City, town, or county) (State) Barton County, Missouri
24. FUNERAL DIRECTOR Konantz Funeral Home, Lamar, Missouri			25. DATE RECD. BY LOCAL REG. JUL 2 - 59	26. REGISTRAR'S SIGNATURE Messie Konantz	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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 *Carl E. Kevanitz*

Licensed Embalmer No. *2247*

P. O. Address *Lanier, Mo.*

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.