

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-038646**

STATE FILE NUMBER

FILED VS. OCT 28 1959 340

Primary Registration District No. 6151 Registrar's No. 96

UNRECORDED

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Catron, Mo</b>	Length of stay in lb <b>two month</b>	c. CITY OR TOWN <b>Poplar Bluff,</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Elk Twp.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>General Delivery</b>

3. NAME OF DECEASED (Type or print) First <b>Lillard</b> Middle <b>Neely</b> Last <b>Neely</b>			4. DATE OF DEATH Month <b>Oct.</b> Day <b>10</b> Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>19 Nov. 1900</b>	9. AGE (last birthday) <b>59 yrs.</b>	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and state or country) <b>Calico Rock, Ark.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John Neely</b>	13b. MOTHER'S MAIDEN NAME <b>Josie Harris</b>	14. NAME OF HUSBAND OR WIFE <b>Glover Neely.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>497-18-6566</b>	17. INFORMANT <b>Mrs. Glover Neely, Poplar Bluff, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occulison</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>
DUE TO (b) <b>Investigation made by coroner and no evidence of foul play found.</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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour <b>3:30</b> a.m. <b>A</b> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 <b>Poplar Bluff, Mo.</b>	COUNTY <b>Butler</b>	STATE <b>Missouri</b>
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21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at **3:30 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Mark Withers</i>	(Degree or title) <b>Coroner</b>	22b. ADDRESS <b>Dexter, Missouri</b>	22c. DATE SIGNED <b>10-15-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Oct. 16 1959</b>	23c. NAME OF CEMETERY <b>City</b>	23d. LOCATION (City, town, or county) <b>Poplar Bluff, Mo.</b>	(State)
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24. FUNERAL DIRECTOR <b>Peoples Funeral Home</b>	ADDRESS <b>Poplar Bluff, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>10-24-59</b>	26. REGISTRAR'S SIGNATURE <i>Delma V. Jenkins</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

no. 1000

STATEMENT BY LICENSED EMBALMER

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 Fred J. Smith  
Licensed Embalmer No. 4408

P. O. Address Director

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.

22-21-01