

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

LED VS OCT 18 1960

-60-038690

NDED

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 488

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>JACKSON</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) <u>KANSAS CITY</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>JACKSON</u>	
Length of stay in lb <u>27 yrs</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>552 So Brookside</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>552 So Brookside</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>JAMES</u>		Middle <u>Ralph</u>		Last <u>NEELEY</u>		Month <u>10</u>	
Day <u>9</u>		Year <u>1960</u>					
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-3-1905</u>	9. AGE (last birthday) <u>55</u>	IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET. Auto Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Auto Repair</u>		11. BIRTHPLACE (City and state or country) <u>Cassville Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wm. NEELEY</u>		13b. MOTHER'S MAIDEN NAME <u>NELLIE FROST</u>		14. NAME OF HUSBAND OR WIFE <u>FAYE NEELEY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-10-9796</u>		17. INFORMANT <u>FAYE NEELEY-552 So. Brookside</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) <u>Coronary Thrombosis - Angina Pect.</u>		DUE TO (b) <u>Atherosclerosis</u>		<u>3 yrs -</u>			
DUE TO (c)				<u>Several yrs.</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Rheumatoid Arthritis - advanced</u>		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			
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.	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		COUNTY		STATE
21. I attended the deceased from <u>1944</u> to <u>1960</u> and last saw her/him alive on <u>Oct 7-60</u>		Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Chas E. Neeson Jr. M.D.</u>			22b. ADDRESS <u>Independence, Mo</u>			22c. DATE SIGNED <u>10-11-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10-12-1960</u>		23c. NAME OF CEMETERY OR CREMATOR <u>W. T. Daley - St. James</u>		23d. LOCATION (City, town, or county, State) <u>Kansas City, Missouri</u>	
24. FUNERAL DIRECTOR <u>Flores Hills Memorial Chapels, Inc</u>		ADDRESS <u>K.C. Mo</u>		25. DATE RECD. BY LOCAL REG. <u>10-11-60</u>		26. REGISTRAR'S SIGNATURE <u>J. M. Craig</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 1 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signature James D. Coldman

Licensed Embalmer No. 4712

P. O. Address K.P.W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.