

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041533

ED VS NOV 18 1960

STATE FILE NUMBER

Registration District No. 106 Primary Registration District No. 5420 Registrar's No. 10

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Dunklin</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Highway 25, near Frisbee</u>	a. STATE <u>Mo.</u>	b. COUNTY <u>Dunklin</u>
Length of stay in 1b		c. CITY OR TOWN <u>Holcomb</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS <u>Rural Route 1</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <u>Homer</u>	Middle <u>Gene</u>	Last <u>Neeley</u>	Month <u>Nov.</u>	Day <u>10</u>
Year <u>1960</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> <u>child</u>	8. DATE OF BIRTH <u>10/15/1952</u>	9. AGE (last birthday) <u>8</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and state or country) <u>Dunklin Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Gene Neeley</u>		13b. MOTHER'S MAIDEN NAME <u>Geraldine Kelly</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>None</u>	17. INFORMANT <u>Gene Neeley, Holcomb, Mo. Rt. 1</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a) <u>Broken Neck</u>		
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)	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 checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Hit by car while crossing Hi#25 near Frisbee.</u>
20c. TIME OF INJURY <u>8:00 AM</u>	Month, Day, Year <u>Nov. 10, 60</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hi.#25</u>	20f. CITY, TOWN, OR LOCATION <u>Holcomb Twp. Dunklin Mo.</u>

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 8:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Quinton Taylor</u> Quinton Taylor, Coroner	22b. ADDRESS <u>Kennett, Mo.</u>	22c. DATE SIGNED <u>11-11-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12 Nov. 60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Stanfield Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Near Clarkton, Mo.</u>
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24. FUNERAL DIRECTOR <u>McDaniel Funeral Ser. Kennett, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>11-12-60</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed O. L. Isbell

Licensed Embalmer No. 4970

P. O. Address Senath,

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.