

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045682

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 247 Primary Registration District No. 4366 Registrar's No. 30

FILED DEC 28 1961

| | | | | | |
|--|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Newton</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Newton</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Granby</u> | | Length of stay in 1b <u>years</u> | c. CITY OR TOWN <u>Granby</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>Rt #1</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Bryant</u> Last <u>McNeely</u> | | | 4. DATE OF DEATH Month <u>Dec.</u> Day <u>20</u> Year <u>1961</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>12-16-1883</u> | 9. AGE (last birthday) <u>78</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Miner</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Lead Mining</u> | 11. BIRTHPLACE (City and state or country) <u>Granby, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
| 13a. FATHER'S NAME <u>William Vance McNeely</u> | | 13b. MOTHER'S MAIDEN NAME <u>Lucretia Trent</u> | | 14. NAME OF HUSBAND OR WIFE <u>Ruby McNeely</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> | | | 17. INFORMANT <u>Mrs. Ruby McNeely Granby, Mo.</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>Respiratory failure</u> | | | | | <u>30 min.</u> |
| DUE TO (b) <u>Cerebral embolus (bulbar)</u> | | | | | <u>3 days</u> |
| DUE TO (c) <u>Arterio-sclerosis</u> | | | | | <u>Years</u> |
| 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 |
| 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.) | |
| 20c. TIME OF INJURY Hour <u> </u> a.m. / p.m. Month, Day, Year <u> </u> | | | | | |
| 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>June 30, 1961</u> to <u>December 12-61</u> and last saw ^{her} him alive on <u>December 12, 1961</u> Death occurred at <u>7:15 A.M</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <i>William D. Quayle</i> (Degree or title) | | | 22b. ADDRESS <u>Granby</u> | | 22c. DATE SIGNED <u>12-22-61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>12-22-1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Granby Memorial</u> | | 23d. LOCATION (City, town, or county) (State) <u>Granby, Missouri</u> | |
| 24. FUNERAL DIRECTOR <u>Shewmake Funeral Home</u> | | ADDRESS <u>Granby, Mo</u> | 25. DATE RECD. BY LOCAL REG. <u>Dec. 22, 1961</u> | 26. REGISTRAR'S SIGNATURE <i>M. S. Young</i> | |

DATE AWIENED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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

Floyd E. Skumabe

Licensed Embalmer No.

4923

P. O. Address

Box 218, Granby, VT

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.