

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002498

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

FILED FEB 13 1962 Primary Registration District No. 4269 Registrar's No. 11

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY LAFAYETTE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY LAFAYETTE									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CONCORDIA		Length of stay in lb 10. YRS.		c. CITY OR TOWN CONCORDIA		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 309 WEST STREET			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2 1/2 Mi. SOUTH		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First LEONARD Middle NEER Last NEER				4. DATE OF DEATH Month FEB Day 5 Year 1962									
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH June 2 1903		9. AGE (last birthday) 58		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM LABORER				10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and state or country) BLACKBURN, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME JESS NEER				13b. MOTHER'S MAIDEN NAME LULA SLUSHER				14. NAME OF HUSBAND OR WIFE MINNIE NEER					
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. D.K.		17. INFORMANT MRS. MINNIE NEER Address CONCORDIA, MO.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. systemic sclerosis DUE TO (b) systemic sclerosis DUE TO (c) systemic sclerosis 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										INTERVAL BETWEEN ONSET AND DEATH 10 min 10 yrs			
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 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 3/7/58 to 2/5/62 and last saw her/him alive on 2/5/62 Death occurred at 2/5/62 at 12:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22. SIGNATURE (Degree or title) Fredrick J. [Signature]						22b. ADDRESS Concordia, Mo.			22c. DATE SIGNED 2/6/62				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-9-62		23c. NAME OF CEMETERY OR CREMATORY ST. MATTHEWS CEMETERY				23d. LOCATION (City, town, or county) LAFAYETTE County, MO					
24. FUNERAL DIRECTOR C. S. [Signature] Address Concordia, Mo.				25. DATE RECD. BY LOCAL REG. Feb. 9, 1962		26. REGISTRAR'S SIGNATURE Lutie Gordon Jordan							

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 me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. D. James
Licensed Embalmer No. 2058

P. O. Address Concordia, 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.