

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-016586

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 77

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 23 1963

1. PLACE OF DEATH
 a. COUNTY Laclede
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon Length of stay in '1b 25min.
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION railroad tracks Washington St. Inside Limits Yes No
 d. STREET ADDRESS (if outside, give location) 4167 Olive St. Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY St. Louis Inside Limits Yes No

3. NAME OF DECEASED First John Middle B. Last Neely 4. DATE OF DEATH Month April Day 13 Year 1963

5. SEX male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 11-11-29 9. AGE (last birthday) 33

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) self employed 10b. KIND OF BUSINESS OR INDUSTRY none 11. BIRTHPLACE (City and state or country) unknown 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Thos. B. Neely 13b. MOTHER'S MAIDEN NAME Velna M. Hunton 14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) no 16. SOCIAL SECURITY NO. none 17. INFORMANT Billy G. Neely, Rt. 1, Truman, Ark. Address

18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Crushed head and chest INTERVAL BETWEEN ONSET AND DEATH 5min.
 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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item, 18.) Car-train collision.

20c. TIME OF INJURY Hour 1:25 a.m. Month, Day, Year 4-13-63

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) railroad tracks 20f. CITY, TOWN, OR LOCATION Lebanon, COUNTY Laclede STATE Mo.

21. I attended the deceased from _____ to _____ and last saw ^{her}him alive on _____. Death occurred at 1:25 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Dee or title) [Signature] 22b. ADDRESS City Rt. 66 W., Lebanon, Mo. 22c. DATE SIGNED 4-14-63

23a. BURIAL, CREMATION, REMOVAL (Specify) removal 23b. DATE 4-14-63 23c. NAME OF CEMETERY OR CREMATORY Westlawn 23d. LOCATION (City, town, or county) (State) Jonesboro, Ark.

24. FUNERAL DIRECTOR [Signature] ADDRESS Lebanon, Mo. 25. DATE RECD. BY LOCAL REG. 4-17-1963 26. REGISTRAR'S SIGNATURE [Signature]

VS 300
 Rev. 4/59
10535
22199
 3
 4 0
 5 0
 6
 7 9
 8 2
 9 X
 10
11053
129-3
131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

MAY 7 1963

MAY 13 1963

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 _____

Bruce M. Abbott

Licensed Embalmer No. 5115

P. O. Address Springfield, 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.

Permit Special - 4-14-1963 - D.S. 10