

FILED JUL 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 352311

BIRTH NO. _____		REG. DIST. NO. 381		PRIMARY REG. DIST. NO. 6183		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan Rural 10th</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan Rural</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>1011 K Tw</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Amanda</u> b. (Middle) <u>Jane</u> c. (Last) <u>Neely</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>June 19-1949</u>					
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>8-14-1861</u>			
9. AGE (In years last birthday) <u>87</u>		10. MONTHS <u>10</u>		11. DAYS <u>5</u>		12. HOURS <u>5</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer - wife</u>				11. BIRTHPLACE (State or foreign country) <u>Milan Mo</u>					
12. CITIZEN OF WHAT COUNTRY? <u>US</u>									
13a. FATHER'S NAME <u>Tommyson Cassity</u>				13b. MOTHER'S MAIDEN NAME <u>Martha Tipson</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph E. Neely</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Dloyd Neely</u> ADDRESS <u>Milan Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>  ANTECEDENT CAUSES 1. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>  DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>chronic arthritis</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>not known</u>  <u>1/2 yr</u>	
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased <u>from many years</u> to <u>June 19, 1949</u> , that I last saw the deceased alive on <u>June 18, 1949</u> , and that death occurred at <u>3:05</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>J. S. Montgomery M.D.</u>				23b. ADDRESS <u>Milan Mo.</u>		23c. DATE SIGNED <u>6-24-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-21-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cem</u>		24d. LOCATION (City, town, or county) <u>Milan Mo</u>			
DATE REC'D BY LOCAL REG. <u>July 1-1949</u>		REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Scovelles</u>		ADDRESS <u>Milan Mo</u>			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 3-42-112

Date Filed JUL 5 1949

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

D. Morris Cleeton Student Embalmer No. 238  
working under my personal supervision.

Signed D. Morris Cleeton  
Student Embalmer

Signed Dwight Scherer  
Licensed Embalmer No. 2667  
P. O. Address Milan - 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 this body is not embalmed, fact should be so stated above.