

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

5382

State File No.

FILED MAR 1 1954

BIRTH NO.		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>5690</u>		Registrar's No. <u>362</u>	
1. PLACE OF DEATH a. COUNTY <u>LINN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LINN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>YELLOW CREEK TWP</u>		c. LENGTH OF STAY (In this place) <u>45 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>YELLOW CREEK TWP - RURAL</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RED #3, BROOKFIELD</u>				d. STREET ADDRESS (If rural, give location) <u>RFD #3, BROOKFIELD</u> <u>0580</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>NORMAN</u>		b. (Middle) <u>B.</u>		c. (Last) <u>NEELY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 18, 1954</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>SEPT. 10, 1856</u>		9. AGE (In years last birthday) <u>97</u>	10. UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN FARM</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>WEST VIRGINIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>SAMUEL NEELY</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET MAXWELL</u>		14. NAME OF HUSBAND OR WIFE <u>HENRIETTA CASSITY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>EMERY NEELY, BROOKFIELD, 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>Chronic Myocarditis</u> ANTECEDENT CAUSES <u>Sanctity</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Chronic Myocarditis</u> DUE TO (b) <u>Chronic Myocarditis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs</u> <u>15 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>				20. AUTOPSY? YES ☐ NO ☒	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Mar 10, 1954</u> , to <u>Jan 20, 1954</u> , that I last saw the deceased alive on <u>Jan 20, 1954</u> , and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Roy A. Haley, M.D.</u>		(Degree or title)		23b. ADDRESS <u>Brookfield, Mo</u>		23c. DATE SIGNED <u>2/19/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB. 20, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NEW GARDEN</u>		24d. LOCATION (City, town, or county) (State) <u>BROOKFIELD, Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-20-54</u>		REGISTRAR'S SIGNATURE <u>Nadine Stenback</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WRIGHT FUNERAL HOME, BROOKFIELD, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed

Harold B. Wright

Licensed Embalmer No. *3718*

P. O. Address *Brookfield, 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.