

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0025693

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

AGE FILED 10 64

Primary Registration District No. 3000

Registrar's No. 255

VS 300
Rev. 4/59

1 0017

2 0010

3

4 0

5 2

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7 0

8 2

9 4/201

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11

12 3-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Adair			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Length of stay in 1b 9 weeks		c. CITY OR TOWN Novinger		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rural Route		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Everett Middle Elmer Last Neely				4. DATE OF DEATH Month July Day 28 Year 1964			
5. SEX Male	6. COLOR OR RACE Cau	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/13/1880	9. AGE (last birthday) 84	10. IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0		11. IF UNDER 24 HR. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postmaster		10b. KIND OF BUSINESS OR INDUSTRY Post Office		11. BIRTHPLACE (City and state or country) Milan, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Norman Bruce Neely		13b. MOTHER'S MAIDEN NAME Henrietta Cassity		14. NAME OF HUSBAND OR WIFE Gracie Neely			
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. 707-09-7821		17. INFORMANT Alvin Neely Green Castle, 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 Thrombosis						INTERVAL BETWEEN ONSET AND DEATH 30 mm	
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) Malnutrition						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 checked="" 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 2:17 P.M. Month, Day, Year 7-28-64		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 Green Castle, Mo	
21. I attended the deceased from 5-22-64 to 7-28-64 and last saw him alive on 7-28-64 Death occurred at 2:17 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Richard P. Volucksoo		22b. ADDRESS Laughlin Hospital		22c. DATE SIGNED 7-31-64	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/31/1964		23c. NAME OF CEMETERY OR CREMATORY Green Castle Cemetery		23d. LOCATION (City, town, or county) (State) Green Castle, Mo	
24. FUNERAL DIRECTOR Glenn E. Bent & Son, Green Castle, Mo		25. DATE RECD. BY LOCAL REG. Aug 5 1964		26. REGISTRAR'S SIGNATURE Doris W. Ratliff			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

800500

SEP 1 1964

Permit issued July 28, 1964

RICHARD P. VALUCK, D.O.

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

Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.