

CERTIFICATE OF DEATH

DO NOT WRITE
 ON THIS STUB

VS 300
 Rev. 1/70

Registration District No. 385 Primary Registration District No. 3038 Registrar's No. 208

DECEASED—NAME FIRST MIDDLE LAST RAY BRUCE NEELY		SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) August 30, 1971
1. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) White	AGE—LAST BIRTHDAY (YEARS) 80	UNDER 1 YEAR MOS. DAYS 5c. HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) Jan. 20, 1891
4. CITY, TOWN, OR LOCATION OF DEATH Brookfield	INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Pershing Memorial Hospital	
7b. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Missouri	CITIZEN OF WHAT COUNTRY USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11.
8. SOCIAL SECURITY NUMBER 498-40-6466	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Farmer, ret.	KIND OF BUSINESS OR INDUSTRY Own farm	
12. RESIDENCE—STATE Missouri	COUNTY Linn	CITY, TOWN, OR LOCATION Linneus	STREET AND NUMBER 14d. Yes

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

DECEASED

PARENTS

FATHER—NAME FIRST MIDDLE LAST Norman B. Neely	MOTHER—MAIDEN NAME FIRST MIDDLE LAST Henrietta Cassity
INFORMANT—NAME Mrs. Myrtle Howk	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Pueblo, Colo.

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE (a) Cerebral embolism with respiratory arrest		Subden
DUE TO, OR AS A CONSEQUENCE OF: (b) Portal vein thrombosis		2 days
DUE TO, OR AS A CONSEQUENCE OF: (c) Chronic gastric ulcer with complete pyloric obstruction		4 days

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) Subtotal gastric resection 8-30-71		19a. NO	19b. NO
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.	DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20c.	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 20h. YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>
INJURY AT WORK (SPECIFY YES OR NO) 20a.	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.	

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. MONTH DAY YEAR 8 26 71	TO 21b. MONTH DAY YEAR 8 30 71	AND LAST SAW HIM/HER ALIVE ON 21c. MONTH DAY YEAR 8 30 71	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21e. 4:30P
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CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a.		HOUR OF DEATH M. 22b.	THE DECEASED WAS PRONOUNCED DEAD MONTH DAY YEAR M. 22b.
CERTIFIER—NAME (TYPE OR PRINT) John R. Dixon, M.D.	SIGNATURE John R. Dixon	DEGREE OR TITLE M.D.	DATE SIGNED (MONTH, DAY, YEAR) 9-10-71
MAILING ADDRESS—CERTIFIER 125 East Lockington Avenue		CITY OR TOWN Brookfield, Mo.	STATE 64628

CERTIFIER

BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	CEMETERY OR CREMATORY—NAME Rose Hill Cemetery	LOCATION Brookfield, Mo.
DATE Sept. 2, 1971	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Wright Funeral Home, 221 E. Park St., Brookfield, Mo. 64628	
FUNERAL DIRECTOR—SIGNATURE Harold Wright	REGISTRAR—SIGNATURE Anna Watson	DATE RECEIVED BY LOCAL REGISTRAR 9-26-71

BURIAL

Type or print in
 PERMANENT BLACK INK.
 See handbook for instructions.

9. 0
 10a. 80
 10b.
 11. 0
 12. 2
 13. 5319
 14.
 15. 4
 16.
 17.
 18. 0
 19. CREDITS
 20. 2-0

LEFT AT DR. DIKONS OFFICE 2 pm 8/31
RECEIVED 3 pm 9-14
H. B. Wright

4461-1130
OCT 7 - 1937

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 _____

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.