

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9872

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5938 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Indiana</u> b. COUNTY <u>Lake</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>Rural, Arlington</u> c. LENGTH OF STAY (in this place) <u>trans</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gary</u> <u>8130</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>U.S. Highway 66</u>		d. STREET ADDRESS (If rural, give location) <u>436 Maryland Street</u> <u>8</u>	
3. NAME OF DECEASED a. (First) <u>MARGARET</u> b. (Middle) <u>GWENDOLYN</u> c. (Last) <u>NEELY</u>			4. DATE OF DEATH <u>March 6, 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 4, 1881</u>
9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Bryant, Arkansas</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>.....Fields</u>		13b. MOTHER'S MAIDEN NAME <u>..... O'Flarrity</u>	14. NAME OF HUSBAND OR WIFE <u>David Nickson Neely (Dec).</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>XX</u>		16. SOCIAL SECURITY NO. <u>XX</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lawson Neely</u> ADDRESS <u>800 Jackson St., Gary, Indiana.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of the Skull, Fractures of upper vertebrae of spine, Fracture of Rt. and Left Collar Bone. Crushed chest. Fracture of Pelvis and left hip.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) <u>Automobile Accident</u> 2. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S. Highway 66</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>near, Arlington Phelps Mo.</u>		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>Mar. 6, 1950 6:15P</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Driver lost control of car, overturned.</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased <u>Approx</u> <u>at 6:25P</u> <u>m.,</u> and that death occurred at _____, from the causes and on the date stated above.			
23a. SIGNATURE <u>S. L. Neely</u> Coroner of <u>Phelps County Mo.</u>		23b. ADDRESS <u>508 West 8th St., Rolla Mo.,</u>	
23c. DATE SIGNED <u>3/8/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Mar. 8 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Little Rock Arkansas</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>3-8-50</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u> <u>380</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Null</u>		ADDRESS <u>Rolla, Mo.</u>	

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

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MAR 21 1950 MAR 25 1950
RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 3-14-50

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 Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.