

FILED JUN 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20593

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 232

484
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN INDEPENDENCE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN INDEPENDENCE	
c. LENGTH OF STAY (In this place) 64 YEARS		d. STREET ADDRESS (If rural, give location) 3100 SOUTH NOLAND ROAD	
d. FULL NAME OF HOSPITAL OR INSTITUTION INDEPENDENCE SANATORIUM			

3. NAME OF DECEASED (Type or Print) a. (First) CORA b. (Middle) BELLE c. (Last) NEEVEL	4. DATE OF DEATH (Month) (Day) (Year) JUNE-9-1950
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Feb. 18, 1863	9. AGE (In years last birthday) 87 YEARS	10. IF BORN IN U.S. Months Days	11. IF BORN IN FOR. Hours Mts.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (State or foreign country) Magnolia, Illinois	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Downey	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) ---	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Harry Neevel ADDRESS 37th & Cruse Independence, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Encephalococcal meningitis		INTERVAL BETWEEN ONSET AND DEATH 60 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Had an ear ache - No ache DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Had diabetes mellitus		
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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **June 7, 1950** to **June 9, 1950** that I last saw the deceased alive on **June 9, 1950** and that death occurred at **3:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE C. H. Allen (Degree or title)	23b. ADDRESS Independence, Mo.	23c. DATE SIGNED 6-10-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 12, 1950	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. June 10 1950	REGISTRAR'S SIGNATURE [Signature] 854	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS 1331 BRUSH CREEK BLVD KANSAS CITY, MO.
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JUN 26 RECD

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Doyle L. Daniel*

Signed.....
Student Embalmer

Licensed Embalmer No. *4703*

P. O. Address *Kansas 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 this body is not embalmed, fact should be so stated above.