

FILED OCT 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32851**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 4071 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY OR TOWN <u>Camdenton</u>		c. CITY OR TOWN <u>Camdenton</u>	
c. LENGTH OF STAY (in this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>Gen Dal</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Own Home</u>			
3. NAME OF DECEASED a. (First) <u>Minnie</u> b. (Middle) <u>Ann</u> c. (Last) <u>Neeley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 2 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>wht</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec 14-1888</u>
9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (State or foreign country) <u>near Mack's Creek, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>John Allen West</u>	13b. MOTHER'S MAIDEN NAME <u>Mrs Elizabeth Osborn Fisher Neeley</u>	14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Emel Green</u> ADDRESS <u>Camdenton 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute circulatory failure</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Massive aortic aneurysm of thoracic aorta</u> DUE TO (c) <u>Leues</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>3-27</u> , 19 <u>46</u> , to <u>10-2</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>9-20</u> , 19 <u>50</u> , and that death occurred at <u>6:9</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>F. Dale Atterberry</u> (Degree or title) <u>DO</u>		23b. ADDRESS <u>Camdenton</u>	23c. DATE SIGNED <u>10-14-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 4-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Parriek Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Camden Co Mo</u>
DATE REC'D BY LOCAL REG. <u>Oct. 16-1950</u>	REGISTRAR'S SIGNATURE <u>Zilpha Draw</u> <u>42</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Banksen-Woolery</u> ADDRESS <u>Camdenton Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0150

**RECEIVED** 10/24/50  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 10/24/50 \_\_\_\_\_

**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 Abbie Banks Woolery

Licensed Embalmer No. 2488

P. O. Address Bandenton 17

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.