

FILED OCT 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34065**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **385** PRIMARY REG. DIST. NO. **3039** Registrar's No. **394**

1. PLACE OF DEATH a. COUNTY <b>Linn</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Highway # 5 Rural</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Brookfield 0582</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MARCELINE (HIGHWAY) MO.</b>		d. STREET ADDRESS (If rural, give location) <b>750 Brunswick Ave</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>LEONARD</b>	b. (Middle) <b>LAVON</b>	c. (Last) <b>NEELY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct-18-1950</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>June-23-1931</b>	9. AGE (In years last birthday) <b>19</b>	IF UNDER 1 YEAR Months <b>3</b>	IF UNDER 24 HRS. Days <b>25</b>	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Leach Wares</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Brookfield Mo</b>	12. CITIZENSHIP OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Lois Neely</b>	13b. MOTHER'S MAIDEN NAME <b>Opal Bailey</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>None</b>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fractured Skull</b>		<b>58234</b>
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Causing instant death</b>		<b># 32</b>	
DUE TO (c)			
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"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident, #5 Highway</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>#5 Highway</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Marselis Township Linn MO</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Oct 18-1950</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Automobile Accident R.A.P.</b>
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22. I hereby certify that I attended the deceased from **10** **19** **19**, that I last saw the deceased alive on **10**, and that death occurred at **11** **19**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Cal Buchanan</b>	23b. ADDRESS <b>Marselis Mo</b>	23c. DATE SIGNED <b>Oct 20-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>	24b. DATE <b>10/20-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Rose Hill</b>	24d. LOCATION (City, town, or county) (State) <b>Brookfield Mo</b>
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DATE REC'D BY LOCAL REG. <b>Oct 20-1950</b>	REGISTRAR'S SIGNATURE <b>Mary Jane</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>401</b>	ADDRESS <b>Funeral Home Brookfield Mo</b>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

OCT 6 1954

OCT 21 1954

Date Received: OCT 23 1954  
DISTRICT HEALTH OFFICE  
District File Number 10-5  
Date Filed: OCT 24 1954

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 *J. B. Blacklock*

Licensed Embalmer No. *2246*

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