

FILED FEB 8 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1000 Registrar's No. 10

512

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg 0513	
c. LENGTH OF STAY (In this place) 97 yrs		d. STREET ADDRESS (If rural, give location) 421 E. Market	
d. FULL NAME OF HOSPITAL OR INSTITUTION 421 E. Market			
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Frances c. (Last) Neighbors		4. DATE OF DEATH (Month) (Day) (Year) January 23, 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH 1848 September 19, 1902
9. AGE (In years last birthday) 102	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homemaking	11. BIRTHPLACE (State or foreign country) Kentucky /
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Lee Roy Day		13b. MOTHER'S MAIDEN NAME Nancy Tuttle	14. NAME OF HUSBAND OR WIFE Flemon Peter Neighbors
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Alvie King
		ADDRESS Warrensburg, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH 25 yrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Senility</i>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS' Conditions contributing to the death but not related to the disease or condition causing death.		4500	
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) m.	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 <i>March 31, 1941</i> , to <i>Jan. 23, 1951</i> , that I last saw the deceased alive on <i>Jan. 19, 1951</i> , and that death occurred at <i>10:55 P.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>[Signature]</i> (Degree of title) <i>MD</i>		23b. ADDRESS <i>Warrensburg, Mo.</i>	23c. DATE SIGNED <i>1-24-51</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>1-26-51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Liberty Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Johnson County, Mo.</i>
DATE REC'D BY LOCAL REG. <i>Jan. 24, 1951</i>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> ADDRESS <i>Warrensburg, Mo.</i>	

RECEIVED  
JAN 29 1951

JOHNSON COUNTY HEALTH DEPT.

APR 17 1952

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.....  
Student Embalmer

Signed

*RMB*

Licensed Embalmer No. 3377

P. O. Address *Warrington, Va.*

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.