

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 29 1951

State File No. 21818

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6152 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: institution before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dudley, Liberty		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dudley (Rural) 1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Larry b. (Middle) Ray c. (Last) Neeley			4. DATE OF DEATH (Month) (Day) (Year) 6 4 1951		
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child 0	8. DATE OF BIRTH May 4, 1948	9. AGE (In years last birthday) 3	10. IF UNDER 1 YEAR Months 1	11. IF UNDER 1 YEAR Days	12. IF UNDER 1 YEAR Hours	13. IF UNDER 1 YEAR Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Dunklin Co. Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Luther Neeley	13b. MOTHER'S MAIDEN NAME Willa Mae Miles	14. NAME OF HUSBAND OR WIFE Child
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME <i>Luther Neeley</i> ADDRESS <i>Seedley, Mo.</i>
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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) <i>Lutkenia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>8 hrs 0</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) affecting the underlying cause last. DUE TO (b) <i>abscess lung</i>		
	DUE TO (c)		
11. 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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, 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 Jan 1957, to 6-4-1957, that I last saw the deceased alive on 6-4-1957, and that death occurred at 3:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Deputy or this) <i>L. S. Davis M.D.</i>	23b. ADDRESS <i>Dexter, Mo.</i>	23c. DATE SIGNED <i>6-5-57</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>6-6-1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Stangfield Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Near Clarkton, Mo</i>
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DATE REC'D BY LOCAL REG. <i>6-15-51</i>	REGISTRAR'S SIGNATURE <i>John H. Jenkins</i>	409	25. FUNERAL DIRECTOR'S SIGNATURE <i>Gloyd Russell Higgett, Okc.</i>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

230

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

JUN 19 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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 File

.....
working under my personal supervision.

Student Embalmer No.

Signed Lloyd Russell

Signed.....
Student Embalmer

Licensed Embalmer No. 509- Ar

P. O. Address Piggott, Ark

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.