

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32896

State File No.

FILED OCT 15 1951

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 5237 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>Cedar Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Cedar</u>	
b. CITY OR TOWN <u>Rural-Cedar Top</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edwards Springs Rural Cedar Top</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>Rt # 5.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLEY C.</u> b. (Middle) _____ c. (Last) <u>NEELY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-29-1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>May 6, 1886</u>
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Fairman</u>	11. BIRTHPLACE (State or foreign country) <u>Cedar Co. Mo.</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Fairman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>W. E. Neely</u>		13b. MOTHER'S MAIDEN NAME <u>Zelab Ford</u>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Jim Neely</u> ADDRESS <u>Edwards Springs</u>
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) <u>Heart Block</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH _____			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4330</u>	
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) (Min.) _____	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:50 P.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>W. D. Swain</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Edwards Springs, Mo.</u>	
23c. DATE SIGNED <u>9-29-1951</u>		23d. SIGNATURE _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>10-1-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hackberry Cem.</u>		24d. LOCATION (City, town, of county) (State) <u>Cedar Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 3, 1951</u>		REGISTRAR'S SIGNATURE <u>George W. Nelson</u>	
FUNDING AGENCY SIGNATURE _____		FUNDING AGENCY ADDRESS _____	

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

200

~~DIVISION OF HEALTH OF MO.
District No. 5 - Springfield~~

~~RECEIVED **OCT 9 1951**~~

~~Dist. File _____~~

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~~Date Filed 10-11-51~~

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 _____

Licensed Embalmer No. 4419

P. O. Address 6 Duane Spring

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.