

FILED FEB 23 1952

THE REPUBLIC OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5701

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5715 Registrar's No. 17

1. PLACE OF DEATH
 a. COUNTY Mc. Donald
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JANE
 c. LENGTH OF STAY (in this place) 4 Mos.
 d. FULL NAME OF HOSPITAL OR INSTITUTION NONE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Missouri b. COUNTY McDonald
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JANE 0603
 d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED
 a. (First) JAMES b. (Middle) W c. (Last) NEAHE
 (Type or Print)
 4. DATE OF DEATH (Month) (Day) (Year) 2-12-52

5. SEX MO 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) D 3 8. DATE OF BIRTH MAY 21-1885 9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) FARMER 10b. KIND OF BUSINESS OR INDUSTRY JAMES 11. BIRTHPLACE (State or foreign country) WASHINGTON Co. ARK 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME J.W. Neahe 13b. MOTHER'S MAIDEN NAME Nancy Ann Phipps 14. NAME OF HUSBAND OR WIFE NONE

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 Social Security Records ADDRESS

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH Sudden
 ANTECEDENT CAUSES
 *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
 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.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 4201 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE J. M. Humphrey (Degree or title) Coroner 23b. ADDRESS Pineville Mo 23c. DATE SIGNED 2-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 2-13-52 24c. NAME OF CEMETERY OR CREMATORY PINEVILLE CEM 24d. LOCATION (City, town, or county) (State) PINEVILLE, MO

DATE REC'D BY LOCAL REG. 2-12-52 REGISTRAR'S SIGNATURE Mayne Humphrey 423 25. FUNERAL DIRECTOR'S SIGNATURE J. M. Humphrey ADDRESS Pineville, Mo

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

600

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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. M. Humphrey Jr.*

Licensed Embalmer No. 4708

P. O. Address Naol, 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.