

No. 300  
10.48

FILED JUN 21 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23238

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 220 PRIMARY REG. DIST. NO. 6080 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <i>St. Genevieve</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <i>Missouri</i> b. COUNTY <i>St. Genevieve</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Route 3</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Farmington, Rural</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Farmington</i>		d. STREET ADDRESS (If rural, give location) <i>R.R. 3 0950</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>George</i> b. (Middle) <i>Moses</i> c. (Last) <i>Neddo</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>June 15 1952</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Dec 16, 1855</i>	9. AGE (In years last birthday) <i>96</i>	10. <i>5</i> UNDER 1 YEAR Days <i>29</i> Hours <i></i> Mins. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Blacksmith</i>		11. BIRTHPLACE (City and State or Foreign Country) / 12. CITIZEN OF WHAT COUNTRY <i>South Bend, Indiana / USA</i>	

13a. FATHER'S NAME <i>Charles Neddo</i>		13b. MOTHER'S MAIDEN NAME <i>Margretta Matthews</i>		14. NAME OF HUSBAND OR WIFE <i>Magdalena Neddo</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. A.S. Kroeter, Farmington, Mo</i>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Stomach</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs.</i>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Questionable Peptic Ulcer</i>			<i>2 yrs.</i>
	DUE TO (c) <i>Arteriosclerotic heart disease</i>			<i>10 yrs.</i>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION <i>None</i>		19b. MAJOR FINDINGS OF OPERATION <i>151X</i>		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) (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 *July 1951*, to *June 15, 1952*, that I last saw the deceased alive on *May 12, 1952*, and that death occurred at *5:40 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>D. Rosler, M.D.</i>		23b. ADDRESS <i>Farmington, Mo.</i>		23c. DATE SIGNED <i>6/15/52</i>	
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>6/17/1952</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park Cem.</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo</i>	
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DATE REC'D BY LOCAL REG. <i>6-18-52</i>		REGISTRAR'S SIGNATURE <i>Theresa M. Karls</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Miller Funeral Home, Farmington Mo</i>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 Paul K. Dejal

Licensed Embalmer No. 4120

P. O. Address Farmington 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.