

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36697

9457

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) 8129 OR TOWN Carbondale	
d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI BAPTIST HOSPITAL		d. STREET ADDRESS (If rural, give location) 112 N. Poplar	

3. NAME OF DECEASED (Type or Print)		a. (First) JULIA	b. (Middle) JONAH	c. (Last) NEELY.	4. DATE OF DEATH (Month) (Day) (Year) 10-12-1952		
5. SEX female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Aug. 26, 1897	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired;		10b. KIND OF BUSINESS OR INDUSTRY school teacher		11. BIRTHPLACE (State or foreign country) Marine, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Frank Gilbert Jonah.		13b. MOTHER'S MAIDEN NAME Olivia Richardson.		14. NAME OF HUSBAND OR WIFE Charles Neely, Jr.	
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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 ADDRESS Mrs. Louis LaCroix; 15 Berkley Lane, Ladue,	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chester carcinoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of right breast</u> 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 6 mo. 6 years.	
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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 bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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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? 170x	
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22. I hereby certify that I attended the deceased from Aug 27, 1951, to Oct 12, 1952, that I last saw the deceased alive on Oct 12, 1952, and that death occurred at 7:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Norton John Overholt M.D.		23b. ADDRESS 6556 Clayton Road		23c. DATE SIGNED 10-13-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-14-1952		24c. NAME OF CEMETERY OR CREMATORY Carbondale, Illinois		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. OCT 14 1952		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd.,	
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S.P. (Licensed Embalmer's Statement on Reverse Side)

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

Jan 1911

#588

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.....

Arnold W. Schoene

Signed.....

Student Embalmer

Licensed Embalmer No. *3864*

P. O. Address. *St. Louis, 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.