No. 300
10.48

FILED JAN 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42562

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 324

3

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

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Prairie Twp
c. LENGTH OF STAY (in this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 mi E of #7 on #50 Highway

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Mo
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 3458
d. STREET ADDRESS (If rural, give location): 2800 Jarboe

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): Meredith
c. (Last): Neal

4. DATE OF DEATH (Month) (Day) (Year): 12-5-52

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Mar. 4-1915
9. AGE (In years last birthday): 37 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laundry Route Man
10b. KIND OF BUSINESS OR INDUSTRY: Laundry
11. BIRTHPLACE (City and State or Foreign Country): Cedar County Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Bert Neal
13b. MOTHER'S MAIDEN NAME: Vaudie Baird
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.: 486-03-5737
17. INFORMANT'S SIGNATURE OR NAME: Mrs Bert Neal — ADDRESS: 2800 Jarboe KCMo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Subdural & Subrachnoid
DUE TO (c) Hemorrhage for S leg

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: 048
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Jackson Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12 5 52 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: One Car Overturned

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 (Degree or title): Joseph H. Angus Coroner
23b. ADDRESS: 1034 Realty Bldg
23c. DATE SIGNED: 12-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/9/52
24c. NAME OF CEMETERY OR CREMATORY: Hall
24d. LOCATION (City, town, or county) (State): Jerico Springs Mo

DATE REC'D BY LOCAL REG.: 12-9-52
REGISTRAR'S SIGNATURE: Donald C. Earnshaw 37
25. FUNERAL DIRECTOR'S SIGNATURE: N.B. Langsford — ADDRESS: Lee's Summit Mo

(Licensed Embalmer's Statement on Reverse Side)

FEB 26 1953

JAN 13 1953

JUL 17 1953

JAN 13 1953

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 M B Langsford

Licensed Embalmer No. 3833

P. O. Address Lee's Summit

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.