

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**39203**

State File No. ....

**5279**

**FILED NOV 25 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>4 months</u>	c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1413 Kensington</u>		e. STREET ADDRESS (If rural, give location) <u>13 1413 Kensington 2238</u>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>William</u> b. (Middle) <u>8</u> c. (Last) <u>Neely</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Nov. 8 1953</u>		
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<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>Negro</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Mar. 23 1878</u>		<b>9. AGE</b> (In years) (Month) (Day) (Year) <u>75</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Memphis, Tenn.</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>	
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<b>13. FATHER'S NAME</b> <u>Bishop Neely Sr.</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Mary Neely</u>			
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> _____		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Bertha Neely</u>				<b>ADDRESS</b> <u>1413 Kensington</u>	
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<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Crown Atherosclerosis</u>						<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>1</u>	
		<b>ANTECEDENT CAUSES</b> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>							
		<b>DUE TO (b)</b> _____							
		<b>DUE TO (c)</b> _____							
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						<u>4201</u>	

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>						<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> <u>Ke Jackson</u>		<b>(COUNTY)</b> <u>Madison</u>		<b>(STATE)</b> <u>MO</u>	
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>					
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**22. I hereby certify that I attended the deceased from 9-15-53, to 11/3/53, that I last saw the deceased alive on 11/2/53, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>L. W. Turner</u>		<b>(Degree or Title)</b> <u>MD</u>		<b>23b. ADDRESS</b> <u>1612 E 12</u>		<b>23c. DATE SIGNED</b> <u>11/6/53</u>			
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>11-7-53</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Lincoln Cemetery</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Kansas City, Mo</u>			
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<b>DATE REC'D BY LOCAL REG.</b> <u>11-7-53</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Geraldine Smith</u>		<b>25 FUNERAL DIRECTOR'S SIGNATURE</b> <u>Marlowe P Williams</u>						<b>ADDRESS</b> <u>1728 Lydia</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

5. No. 300  
v. 10. 48

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. 479

working under my personal supervision..

Student Hazel Handing Signature of Student Embalmer

Signed I. J. Marlowe

Licensed Embalmer No. 3994

P. O. Address 2503 High

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.