

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9554

State File No. 12

FILED APR 8 1954

BIRTH NO. _____ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 4403 Registrar's No. 12

1. PLACE OF DEATH. a. COUNTY <u>Demersat</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Demersat</u>	
b. CITY OR TOWN <u>Steele</u>		c. CITY OR TOWN <u>Steele</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>20 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>403 Park St</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <u>Thomas Wesley</u> b. (Middle) <u>Nealey</u> c. (Last) <u>Nealey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-19-54</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2-11-1881</u>	9. AGE (In years last birthday) <u>73</u>	10. MONTHS <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Boonerville Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Alfred Nealey</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E Nealey</u>		14. NAME OF HUSBAND OR WIFE <u>Dallie Nealey</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war & dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Scarlett Dillender</u> ADDRESS <u>Steele Mo</u>	
--	-------------------------------	---	--

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malignancy of G.I. tract.</u>		
	ANTECEDENT CAUSES 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	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) <u>Steele Demersat Mo</u>
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?

22. I hereby certify that I attended the deceased from Feb 2, 1954, to 3-19-1954, that I last saw the deceased alive on 3-19-54, and that death occurred at 12:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. Chapman, M.D.</u>	23b. ADDRESS <u>Steele, Mo</u>	23c. DATE SIGNED <u>3-23-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-21-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion</u>
24d. LOCATION (City, town, or county) (State) <u>Steele Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Berman</u> ADDRESS <u>Steele Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-21-54</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	

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

4-70-54

DEPT. OF HEALTH PERSONNEL
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

... 3 6 1954

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.....
Signature of Student Embalmer

Signed.....
John W German

Licensed Embalmer No. 43

P. O. Address *Hayti*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.