

16. 300
0. 48

FILED MAR 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7773

BIRTH NO. _____ REG. DIST. NO. 111 PRIMARY REG. DIST. NO. 4183 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give town) Pacific		c. CITY (If outside corporate limits, write RURAL and give township) Pacific	
c. LENGTH OF STAY (In this place) 28yrs		d. STREET ADDRESS (If rural, give location) 422 E. Franklin	
d. FULL NAME OF HOSPITAL OR INSTITUTION. 422 E. Franklin			

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Spencer c. (Last) Neeley			4. DATE OF DEATH (Month) (Day) (Year) March, 15, 1955		
--	--	--	---	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July, 22, 1875	9. AGE (In years last birthday) 79	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) Engineer	10b. KIND OF BUSINESS OR INDUSTRY Wire Mfg.	11. BIRTHPLACE (State or foreign country) Indiana	12. CITIZEN OF WHAT COUNTRY? USA
---	--	--	---

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Millie Neeley
-----------------------------------	--	--

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. 722-14-6556	17. INFORMANT'S SIGNATURE OR NAME Millie Neeley ADDRESS Pacific, Mo.
--	--	--

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CANCER OF PROSTATE gland & metastasis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis of spine, large joints		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION C.A. of Prostate	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **Sept. 10, 1947** to **3/16, 1955**, that I last saw the deceased alive on **3/16/55**, and that death occurred at **7 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE D. Pollock MD (Degree or title)	23b. ADDRESS Pacific, Mo.	23c. DATE SIGNED Mar. 16, 1955
---	----------------------------------	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE Mar. 18, 1955	24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
--	--------------------------------	--	---

DATE REC'D BY LOCAL REG. Mar. 18 - 55	REGISTRAR'S SIGNATURE Mary B. Gross	FUNERAL DIRECTOR'S SIGNATURE Geo. L. Thielen ADDRESS Pacific, Mo.
--	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

MS
AUG 1 3 1959

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.....

Geo. L. Hughes

Licensed Embalmer No. 3008

P. O. Address Pacific, 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.