

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004648
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 231

AMENDED FILED VS MAR 6 1961

DATE AMENDED

INSTEAD OF

SHOULD READ.

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

A. J. Herman, M.D. MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY - BUCHANAN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BUCHANAN	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN ST. JOSEPH		Length of stay in 1b 25 YRS.	c. CITY OR TOWN ST. JOSEPH Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 2901 S. 19TH ST.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 2901 S. 19TH ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CHARLES Middle EDWIN Last NEELAND			4. DATE OF DEATH Month FEBRUARY Day 26 , Year 1961
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH OCT. 14, 1879
9. AGE (last birthday) 81		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAILROAD		10b. KIND OF BUSINESS OR INDUSTRY CAR REPAIRMAN	11. BIRTHPLACE (City and state or country) TROY, KANSAS
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME FRANCIS M. NEELAND	
13b. MOTHER'S MAIDEN NAME NIRAH E. WOOD		14. NAME OF HUSBAND OR WIFE	
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.	17. INFORMANT OLIVER NEELAND Address ELWOOD, KANSAS
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intestinal Obstruction			INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Unknown cause			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pulmonary Fibrosis			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____
21. I attended the deceased from <u>2-23-61</u> to <u>2-26-61</u> and last saw him ^{**} alive on <u>2-25-61</u> Death occurred at <u>9:30</u> A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>A. J. Herman M.D.</i> (Degree or title)		22b. ADDRESS 706 Francis St. Joseph, Mo.	22c. DATE SIGNED 2-28-61
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE FEB. 28, 1961	23c. NAME OF CEMETERY OR CREMATORY MT. OLIVE CEMETERY	23d. LOCATION (City, town, or county) (State) TROY, KANSAS
24. FUNERAL DIRECTOR HARMAN FUNERAL HOME - WATHENA, KANSAS.		25. DATE RECD. BY LOCAL REG. Mar. 2, 1961	26. REGISTRAR'S SIGNATURE <i>Mrs. Clara Goodell</i>

MAR 8 1961

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 Charles M. Zarnman

Licensed Embalmer No. 4487

P. O. Address Wattawa, KS

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.