MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-017972

STATE FILE NUMBER

Registration District No. 31 Primary Registration District No. 4039 Registrar's No. 19

FILED JUN 12 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1	0080
2	0080
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4	0
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12	90-2
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED 2

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Benton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Lincoln — Length of stay in 1b: life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: South Ohio St — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: Benton
c. CITY OR TOWN: Lincoln — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): South Ohio St — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Charles — Middle: Clark — Last: Neas

4. DATE OF DEATH: Month: June — Day: 5 — Year: 1962

5. SEX: male

6. COLOR OR RACE: white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 2/2/1876

9. AGE (last birthday): 86 — 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): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (City and state or country): Benton County Mo

12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: William Neas

13b. MOTHER'S MAIDEN NAME: Priscilla Pettyjohn

14. NAME OF HUSBAND OR WIFE: Francis Neas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none

17. INFORMANT: Wilma Moor — Address: Lincoln, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Medullary paralysis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 year

DUE TO (c): Prostatic hypertrophy — 2 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cardia arrhythmia – gross

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 July 2 1961, to June 5th 1962 and last saw her/him alive on May 22, 1962

Death occurred at 10:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. McDawson Jr. D.O.

22b. ADDRESS: Lincoln Mo.

22c. DATE SIGNED: Jun 6, 1962

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: June 8, 1962

23c. NAME OF CEMETERY OR CREMATORY: Lincoln Cemetery

23d. LOCATION (City, town, or county): Lincoln — (State): Mo

24. FUNERAL DIRECTOR: Fred Davis & Son — ADDRESS: Lincoln, Mo

25. DATE RECD. BY LOCAL REG.: 6-8-1962

26. REGISTRAR'S SIGNATURE: E. L. Eickhoff

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

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 Le Roy Davis, Student Embalmer No. 659 working under my personal supervision.

Student Le Roy Davis
Signature of Student Embalmer

Signed Eric J. Bartram

Licensed Embalmer No. 4021

P. O. Address Versailles, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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