

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007536

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 385 Primary Registration District No. 309 Registrar's No. 19  
**FILED FEB 27 1963**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10580

20610

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9610X

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Linn</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Macon</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bucklin</b>		Length of stay in 1b <b>4 1/2 Months</b>	c. CITY OR TOWN <b>Ethel</b>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home of his Son, B.L. Neet</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Charles</b> Middle <b>Caldwell</b> Last <b>Neet</b>		4. DATE OF DEATH Month <b>February</b> Day <b>15</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-25-1875</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming (Retired)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>	9. AGE (last birthday) <b>87</b>
11. BIRTHPLACE (City and state or country) <b>Sullivan County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>James N. Neet</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah McClanahan</b>	
14. NAME OF HUSBAND OR WIFE <b>Amy L. Neet</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT Address <b>B. L. Neet, Bucklin, Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Anoxemia</b> DUE TO (b) <b>uremia</b> DUE TO (c) <b>Prostatic Hypertrophy</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a)) <b>arteriosclerosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1-8-63 4 days</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <b>Ethel, Missouri</b>		20g. COUNTY <b>Ethel</b>	
20h. STATE <b>Missouri</b>		21. I attended the deceased from <b>10-1-62</b> to <b>2-15-63</b> and last saw him alive on <b>2-15-63</b> Death occurred at <b>7:55 P. M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>R. A. Davelbun U. O.</b>		22b. ADDRESS <b>Bucklin Mo</b>	
22c. DATE SIGNED <b>2-16-63</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>2/17/63</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Ethel, Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Ethel, Missouri</b>		23e. STATE <b>Missouri</b>	
24. FUNERAL DIRECTOR <b>Larson Funeral Service, Bucklin, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>2/16/63</b>	
26. REGISTRAR'S SIGNATURE <b>Anna Watson</b>			

USE BLACK INK OR TYPEWRITER RIBBON

**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 Larry D. Vobornik, Student Embalmer No. 669

working under my personal supervision.

Student Larry D. Vobornik Signed E. A. Larson  
Signature of Student Embalmer

Licensed Embalmer No. 4037

P. O. Address Bucklin, Missouri

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.