

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028511

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3683 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
AMENDED

VS 300 Rev. 4/59	DATE AMENDED	
1		
2 3378		
3		
4 2		
5 0		
6		
7 0		
8 0		
9 776X		
10		
11		
12 63-0		
13		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF Samuel U. Rodgers MEDICAL CERTIFICATION

FILED JUL 29 1963

1. PLACE OF DEATH
a. COUNTY **JACKSON**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **KANSAS CITY** Length of stay in 1b Hrs.

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Queen of the World** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **MISSOURI** b. COUNTY **JACKSON**

c. CITY OR TOWN **KANSAS CITY** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **3211 E. 24th Terrace** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **DWIGHT** Middle **DWAIN** Last **MC NEELY**

4. DATE OF DEATH Month **June** Day **30** Year **1963**

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH **6-30-63** 9. AGE (last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min. **2**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) **KansCity, MO** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Joseph C. McNeely** 13b. MOTHER'S MAIDEN NAME **Hattie Pearl Erserly** 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** 16. SOCIAL SECURITY NO. 17. INFORMANT **Carolyn McNeely** Address **3211 E. 24th Terr Sis.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Immaturity**
DUE TO (b) **Prematurity**
DUE TO (c)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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 **6-30-63** to **6-30-63** and last saw her alive on **6-30-63**
Death occurred at **9:05** a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Samuel U. Rodgers MA** 22b. ADDRESS **2701 E 31st** 22c. DATE SIGNED **7-2-63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **7-2-63** 23c. NAME OF CEMETERY OR CREMATORY **Lincoln** 23d. LOCATION (City, town, or county) (State) **Kans City, Missouri**

24. FUNERAL DIRECTOR **Watkins Bros. Fuberal Home 18th & Benton** ADDRESS 25. DATE RECD. BY LOCAL REG. **7-2-63** 26. REGISTRAR'S SIGNATURE **Ruth Long**

USE BLACK INK OR TYPEWRITER RIBBON

STATE OF TEXAS
DEPARTMENT OF HEALTH

DECEASED
Name of Deceased
Age at Death
Sex
Race
Color
Date of Death
Place of Death
Cause of Death
Place of Burial
Name of Undertaker
Address of Undertaker
City and State of Undertaker
Name of Embalmer
Address of Embalmer
City and State of Embalmer

-8502

8
0
0
0

STATEMENT BY LICENSED EMBALMER

0-83

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 Bruce R. Watkins

Licensed Embalmer No. 4500

P. O. Address 1800 x Benton

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.