

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035311

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 289

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 14 1963

VS 300
Rev. 4/59
10147
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Fulton** Length of stay in **6 weeks**

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **State Hospital #1** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Macon**

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

d. STREET ADDRESS (If outside, give location) **209 South Rubey** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Charles** Middle **Lee** Last **Neeson**

4. DATE OF DEATH Month **10** Day **6** Year **1963**

5. SEX **male** 6. COLOR OF RACE **white** 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH **7/1/1882** 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, if retired) **unknown** 10b. KIND OF BUSINESS OR INDUSTRY **unknown** 11. BIRTHPLACE (City, end state or country) **Missouri, Sullivan** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Charles Neeson** 13b. MOTHER'S MAIDEN NAME **Jane Franklin** 14. NAME OF HUSBAND OR WIFE **Bessie Neeson**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **unknown** 16. SOCIAL SECURITY NO. **3** 17. INFORMANT Address **Bessie Neeson, Macon Mo**

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Coronary artery - hemorrhage into plaque**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Marked coronary arteriosclerosis**
DUE TO (c)

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 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.) **State Hospital #1** 20f. CITY, TOWN, OR LOCATION **Fulton, Mo** COUNTY STATE

21. attended the deceased from **8/19/1963** to **10/6/1963** and last saw him alive on **10/6/1963**
Death occurred at **9:25 am** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Fred. Handwerker** 22b. ADDRESS **Fulton, Mo** 22c. DATE SIGNED **6 OCT 63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **Oct. 8, 1963** 23c. NAME OF CEMETERY OR CREMATORY **Mt Carmel Cemetery** 23d. LOCATION (City, town, or county) (State) **Macon County Mo**

24. FUNERAL DIRECTOR **Browning Funeral Home, Fulton, Mo** ADDRESS **101 S. 1st St. Fulton, Mo** 25. DATE RECD. BY LOCAL REG. **Oct-6-1963** 26. REGISTRAR'S SIGNATURE **Martha Lawrence**

USE BLACK INK OR TYPEWRITER RIBBON

OCT 15 1963

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 Daniel C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton, 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.