

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048368

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 41

**FILED JAN 7 1964**

VS 300  
Rev. 4/59

1 7005

2 7005

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12 90-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>INDEPENDENCE</b>		c. CITY OR TOWN <b>INDEPENDENCE</b>	
Length of stay in 1b <b>50 yrs.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>11227 E. 15th St.</b>		d. STREET ADDRESS (If outside, give location) <b>11227 E. 15th St.</b>	
3. NAME OF DECEASED (Type or print) First <b>SUSAN</b> Middle <b>MARY</b> Last <b>NEAL</b>		4. DATE OF DEATH Month <b>DECEMBER</b> Day <b>26</b> Year <b>1963</b>	
5. SEX <b>Female</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>5-1-1907</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>-----</b>	
10a. FATHER'S NAME <b>EVAN S. JACKSON</b>		10b. MOTHER'S MAIDEN NAME <b>CHARLOTTE HARMON</b>	
11. BIRTHPLACE (City and state or country) <b>Kansas City, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13. NAME OF HUSBAND OR WIFE <b>GERALD EMIL NEAL</b>		14. NAME OF HUSBAND OR WIFE <b>GERALD EMIL NEAL</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>NO</b>		16. SOCIAL SECURITY NO. <b>1</b>	
17. INFORMANT <b>Gerald E. Neal, 11227 E. 15th St., Indep. Mo.</b>		18. CAUSE OF DEATH (Enter only one cause per) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute coronary occlusion</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>Coronary Sclerosis</b> DUE TO (b) <b>1 year</b> DUE TO (c) <b>1 year</b>	
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. <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 _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Red W. Smith</i> (Degree or title)		22b. ADDRESS <b>10229 Indep ave - Indep Mo</b>	
22c. DATE SIGNED <b>12-27-63</b>		23. NAME OF CEMETERY OR CREMATORY <b>FLORAL HILLS CEMETERY</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>12-30-63</b>	
23c. LOCATION (City, town, or county) <b>KANSAS CITY, MISSOURI</b>		23d. DATE RECD. BY LOCAL REG. <b>12-30-63</b>	
24. FUNERAL DIRECTOR <b>GEO. C. CARSON &amp; SONS, INDEPENDENCE, MO.</b>		25. REGISTRAR'S SIGNATURE <i>Alba L. Craig</i>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

JACKSON MISSOURI JACKSON  
 INDEPENDENCE INDEPENDENCE  
 MISSA E. 15th St. MISSA E. 15th St.  
 DECEMBER 28, 1963  
 DECEMBER 28, 1963  
 CHARLOTTE HANCOCK CHARLOTTE HANCOCK  
 GEORGE E. 15th St. GEORGE E. 15th St.

*Hand*  
 12-30-63  
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**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 James R. Muncie

Licensed Embalmer No. 5228

P. O. Address Independence, 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.