

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0022374

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

146453

00005183

315

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 *AND*

2 *160*

3

4 *0*

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11

12 *90-0*

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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

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH - --		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Cape Girardeau</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Cape Gir.</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Rt. # 4, Jackson</b>		Length of stay in 1b <b>15 yrs.</b>		c. CITY OR TOWN <b>Rt. # 4, Jackson</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>home near Neelys Landing</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS <b>near Neelys Landing</b>	
3. NAME OF DECEASED (Type or print) <b>Guy *** McNeely</b>			4. DATE OF DEATH <b>July 3, 1964</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>2-26-1893</b>	9. AGE (last birthday) <b>71</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and state or country) <b>Fruitland, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>		13a. FATHER'S NAME <b>George McNeely</b>		13b. MOTHER'S MAIDEN NAME <b>Addell Caldwell</b>	
14. NAME OF HUSBAND OR WIFE <b>Lure Hawkins</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>490-056911</b>		17. INFORMANT <b>Lure McNeely Rt. # 4, Jackson, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b>					<b>Imm.</b>
DUE TO (b) <b>Coronary Arteriosclerosis</b>					<b>Prior to 1962</b>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<b>Three previous myocardial infarctions</b>					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.	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 COUNTY STATE
21. I attended the deceased from <b>8/13/62</b> to <b>7/3/64</b> and last saw <sup>her</sup> him alive on <b>5/11/64</b> Death occurred at <b>7:45 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>S. LeRoy Parsons, M.D.</i>		(Degree or title)		22b. ADDRESS <b>24 North Sprigg St. Cape Girardeau, Missouri</b>	22c. DATE SIGNED <b>7/3/64</b>
23a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7-5-1964</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Cape Girardeau, Mo.</b>
24. FUNERAL DIRECTOR <b>Ford &amp; Sons</b>		ADDRESS <b>Cape Girardeau, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>7-6-1964</b>	26. REGISTRAR'S SIGNATURE <i>Gene Kasten</i>

FEB 5 1939

**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 W.J. Ford

Licensed Embalmer No. 5057

P. O. Address Cape Girardeau, 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.