

FILED OCT 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30803

49
3
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 155	PRIMARY REG. DIST. NO. 4246	Registrar's No. 168
1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carl Junction		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carl Junction		
d. FULL NAME OF HOSPITAL OR INSTITUTION 203 N. Miller		d. STREET ADDRESS (If rural, give location) 203 N. Miller		
3. NAME OF DECEASED (Type or Print) Charles Ray Neff		a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH 9-23-1949		(Month) (Day) (Year)		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Divorced	8. DATE OF BIRTH 1-23-1892	9. AGE (In years last birthday) 57
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mining/hoisterman		10b. KIND OF BUSINESS OR INDUSTRY Mining	11. BIRTHPLACE (State or foreign country) Joplin, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME J. B. Neff		13b. MOTHER'S MAIDEN NAME Armada Brower	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 444-09-6013	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Walter Neff, Brother Carl Jct. Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Silico-tuberculosis</i> ANTECEDENT CAUSES <i>Lead Zinc Poisoning</i> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Lead Zinc Poisoning</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <i>30 yrs</i> <i>Days</i> <i>NO IV</i>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>9-11-1949</i> to <i>9-23-1949</i> , that I last saw the deceased alive on <i>9-23-1949</i> , and that death occurred at <i>2:30 P.M.</i> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <i>James D. Flaherty, M.D.</i>		23b. ADDRESS <i>Cartersville Mo</i>		23c. DATE SIGNED <i>9-23-49</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>9-26-1949</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Carl Junction Cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>Carl Junction, Mo.</i>		FURNERAL DIRECTOR'S SIGNATURE ADDRESS <i>J. L. Deetlefsen</i> <i>137 S. Toney, Carl Jct. Mo</i>		
DATE REC'D BY LOCAL REG. SEPT. 26, 1949		REGISTRAR'S SIGNATURE		

RECEIVED 10-4-49
Jasper County Health Office

County File Number 42-9-773

Date Filed 10-4-49

OCT 6 1949

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

Student Embalmer

Signed

Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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 this body is not embalmed, fact should be so stated above.