

FILED DEC 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43472
State File No.

BIRTH NO. _____ REG. DIST. NO. 388 PRIMARY REG. DIST. NO. 6173 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Humphreys Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Humphreys Rural</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>Bauman Sup. 12</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bauman Sup. 1</u>			
3. NAME OF DECEASED a. (First) <u>MRS VERNIA ELDORA</u> b. (Middle) <u>NEFF</u> c. (Last) <u>NEFF</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-20-1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 31 1878</u>
9. AGE (In years last birthday) <u>71</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Sullivan Co Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Hawkins Kiser</u>	
13b. MOTHER'S MAIDEN NAME <u>Nancy Reager</u>		14. NAME OF HUSBAND OR WIFE <u>James Neff</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>James Neff</u> ADDRESS <u>Humphreys Mo</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Nov 25-49</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>			<u>✓</u>
DUE TO (c) <u>nephritis</u>			<u>✓</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
<u>331X</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <u>Nov 25, 1949</u> , to <u>Dec 21, 1949</u> , that I last saw the deceased alive on <u>Dec 20, 1949</u> , and that death occurred at <u>6:15 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Ed Simpson M.D.</u>		23b. ADDRESS <u>Milam</u>	23c. DATE SIGNED <u>12-21-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-22-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Asbury Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Milam Mo Rural</u>
DATE REC'D BY LOCAL REG. <u>Dec 21-49</u>	REGISTRAR'S SIGNATURE <u>Erita Caldwell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>P. K. Payne</u> ADDRESS <u>Haw Galt Mo</u>	

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

SEP 19 1957
SEP 19 1957
SEP 17 1957

RECEIVED DEC 28 1959
District Health Officer No. 10
District File Number 12-49-2
Date Filed DEC 28 1959

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 P. K. Payne Jr.

Licensed Embalmer No. 3400

P. O. Address Galt

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.