

No. 300
10.48

FILED JUL 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25779
Registrar's No. V3

BIRTH NO. _____ REG. DIST. NO. 330 PRIMARY REG. DIST. NO. 4117a

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>North of Illmo, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Illmo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Drainage Ditch south of Cape Girardeau, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Harris Field</u>	
3. NAME OF DECEASED (Type or Print) <u>Franklin Charles Neihart</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 3rd 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 11, 1926</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student at State College</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (In years last birthday) <u>23</u> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____
11. BIRTHPLACE (State or foreign country) <u>Treverton, Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frank James Neihart</u>		13b. MOTHER'S MAIDEN NAME <u>Ethel Maiers</u>	
14. NAME OF HUSBAND OR WIFE <u>Ruby Lee Neihart</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes U.S. Navy</u>	
16. SOCIAL SECURITY NO. <u>205-12-9189</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ruby Lee Neihart Harris Field</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>Accidental Drowning</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		1000	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Drainage Ditch</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cape Girardeau Cape Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 3 50 P. 3:30</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Drowning in Drainage Ditch</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:30Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. P. Brickett, Coroner</u>		23b. ADDRESS <u>4 So. Pacific Cape Gir., Mo.</u>	
23c. DATE SIGNED <u>July 6 1950</u>		24. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 6, 1950</u>	
24c. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Howard L. Haman Cape Gir., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-8-50</u>		REGISTRAR'S SIGNATURE <u>W. J. ... 300</u>	

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

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OCT 27 1950

RECEIVED JUL 13 1950
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 750-1

USE 12 1111

AUG 14 1950

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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 _____

Body was not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.