

FILED JAN 3 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41452

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

BIRTH NO. _____		REG. DIST. NO. 200		PRIMARY REG. DIST. NO. 5725		Registrar's No. 141			
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u> c. CITY OR TOWN <u>Nickelton</u>					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural - Hudson</u>		c. LENGTH OF STAY (in this place) 0		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Nickelton</u>		d. STREET ADDRESS (If rural, give location) <u>11 mi East of Atlanta, Mo</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 mi West of Macon</u>				3. NAME OF DECEASED a. (First) <u>Charles</u> b. (Middle) <u>Elenn</u> c. (Last) <u>Neff</u>					
4. DATE OF DEATH <u>11 2 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>Feb. 6, 1878</u>		9. AGE (in years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer - Ret.</u>		11. BIRTHPLACE (State or foreign country) <u>Macon Co., Mo.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Neff</u>		13b. MOTHER'S MARDEN NAME <u>Lula Asbury</u>		14. NAME OF HUSBAND OR WIFE <u>Eva B. Neff</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Eva B. Neff RFD #1 Atlanta, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Generalized Arteriosclerosis</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>12 21</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) (Min.)			
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>See above</u> until <u>1/2/50</u> last saw the deceased alive on _____, 19____, and that death occurred at <u>2:40 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>J. B. Stokes, M.D. Coroner</u>				23b. ADDRESS <u>Ex Cello, Mo.</u>		23c. DATE SIGNED <u>11/3/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11/5/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Tennile Baptist</u>		24d. LOCATION (City, town, or county) (State) <u>Macon Co., Mo.</u>			
DATE REC'D BY LOCAL REG. <u>12/27/50</u>		REGISTRAR'S SIGNATURE <u>Yuth McNeely</u>		185		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alburt Skinner Macon Mo</u>			

RECEIVED 1-2-51  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 151-237  
Date Filed 1-2-51

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Albert S. Keenan

Licensed Embalmer No. 75-1

P. O. Address Macon Ga

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.