.S. No. 300
Rev. 10.48

FILED MAY 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15872

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 4078 Registrar's No. 43

0160

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Delta
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: CapeGirardeau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Delta 0160
d. STREET ADDRESS (If rural, give location): -- 0

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Henry c. (Last) Neff

4. DATE OF DEATH: (Month) May (Day) 4 (Year) 1951

5. SEX: Male 0
6. COLOR OR RACE: White 1
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Sept 15 1888
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith
10b. KIND OF BUSINESS OR INDUSTRY: Implement
11. BIRTHPLACE (State or foreign country): Patton, Missouri 0
12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME: Wylie F Neff
13b. MOTHER'S MAIDEN NAME: Loretta Olds
14. NAME OF HUSBAND OR WIFE: Ruby Surface Neff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 489-12-8647
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Ruby Neff — ADDRESS: 4 H. Delta, Missouri

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) Shot from a 4.H.10 Shot Gun in neck

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION E976X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home Delta Mo
21c. (CITY, TOWN, OR TOWNSHIP) 016 (COUNTY) (STATE): Delta Missouri Cape Mo
21d. TIME OF INJURY: (Month) May (Day) 4 (Year) 51 (Hour) 745 P.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Shot Gun Wound in the neck

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 _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: E. R. Trickey (Degree or title): Coroner
23b. ADDRESS: 4 S. Pacific St. Cae Gir. Mo
23c. DATE SIGNED: May 5, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 6, 1951
24c. NAME OF CEMETERY OR CREMATORY: Kenyon
24d. LOCATION (City, town, or county) (State): Near Delta, Missouri

DATE REC'D BY LOCAL REG.: May 7-51
REGISTRAR'S SIGNATURE: D. G. Serber 43
25. FUNERAL DIRECTOR'S SIGNATURE: Bisplinghoff Funeral Home — ADDRESS: Chaffee, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 25 1951

MAR 2 1951

RECEIVED

MAY 15 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

MAY 17 1951

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 Oliver Amick

Licensed Embalmer No. 4470

P. O. Address Illmo, 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.