S. No. 300
. 10.48

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

FILED MAR 3 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4065

BIRTH NO. _____ REG. DIST. NO. 12 PRIMARY REG. DIST. NO. 1000 Registrar's No. 215

0117

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 8 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3523 Olive st.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. JOSEPH — 0117
d. STREET ADDRESS (If rural, give location): 3523 Olive St.

3. NAME OF DECEASED (Type or Print)
a. (First): GERALDINE
b. (Middle): G
c. (Last): NEFF

4. DATE OF DEATH (Month) (Day) (Year): 2/17/1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 3/21/1923
9. AGE (In years last birthday): 28 — 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): EMployee of Whitaker Cable co.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James Wm. Johnson
13b. MOTHER'S MAIDEN NAME: Jessie E. Roland
14. NAME OF HUSBAND OR WIFE: Henry R. Neff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 486-32-4843
17. INFORMANT'S SIGNATURE OR NAME: James Wm Johnson — **ADDRESS**: St Joseph

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) Acute Carbonmoxide Asphixiation — INTERVAL BETWEEN ONSET AND DEATH: 1 day.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) Woman and three other members of her family were overcome and died of Carbon Monoxide fumes from a gas heating stove with a defective connection from the stove to the chimney flue

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Joseph 131 Buchanan Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb 17-1952 9:00 P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fumes from a defective gas stove

22. *I hereby certify that I ~~attended~~ the deceased from* 2/17, 1952, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 9:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: H F Mundy M D, Coroner (Degree or title)
23b. ADDRESS: St Joseph Mo
23c. DATE SIGNED: 2/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/21/1952
24c. NAME OF CEMETERY OR CREMATORY: Ashland Cemetery
24d. LOCATION (City, town, or county) (State): St. Joseph Missouri

DATE REC'D BY LOCAL REG.: Feb. 25, 1952
REGISTRAR'S SIGNATURE: Carl C. Casey 446
25. FUNERAL DIRECTOR'S SIGNATURE: Stone Funeral Home — **ADDRESS**: St. Joseph Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed Charles E. Bennett

Signed.....
Student Embalmer

Licensed Embalmer No. H677

P. O. Address St. Joseph 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.