

No. 300
10.48

FILED MAR 3 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4066

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 214

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 6 yrs.	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3523 Olive St.		d. STREET ADDRESS (If rural, give location) 3523 Olive St.	

3. NAME OF DECEASED (Type or Print)	a. (First) HENRY	b. (Middle) RAYMOND	c. (Last) NEFF	4. DATE OF DEATH (Month) 2 (Day) 17 (Year) 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 6 1912	9. AGE (In years last birthday) 39	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employee of Gas Service Co.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Elmo Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry S. Neff	13b. MOTHER'S MAIDEN NAME Nora Pike	14. NAME OF HUSBAND OR WIFE Geraldine G. Neff
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	(If yes, give war or dates of service) World War II	16. SOCIAL SECURITY NO. 500-09-6902	17. INFORMANT'S SIGNATURE OR NAME Helen Neff	ADDRESS Elmo Mo
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH acute Carbon monoxide asphyxiation		INTERVAL BETWEEN ONSET AND DEATH 8906-15
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	DUE TO (c) Man with three other members of his family were asphyxiated in his home, by Carbon		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. defective connection between the gas stove and flue		19. DATE OF OPERATION 2/17, 1952	

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) 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	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	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 P m., from the causes and on the date stated above.

23a. SIGNATURE H. F. Mundy M.D. Coroner	(Degree or title) 3	23b. ADDRESS St. Joseph Mo	23c. DATE SIGNED 2/18/52
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24. 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
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DATE REC'D BY LOCAL REG. FEB. 25, 1952	REGISTRAR'S SIGNATURE Carl C. Casper	446	25. FUNERAL DIRECTOR'S SIGNATURE Attorney Funeral Home	ADDRESS St. Joseph Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

NO. 1000

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. 4677

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.