

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16196**

FILED JUN 2 1952

BIRTH NO. _____ REG. DIST. NO. **133** PRIMARY REG. DIST. NO. **5489** Registrar's No. **62**

1. PLACE OF DEATH a. COUNTY HARRISON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY HARRISON	
b. CITY (If outside corporate limits, write RURAL and give township) Gilman City		c. CITY (If outside corporate limits, write RURAL and give township) Gilman City 0410	
c. LENGTH OF STAY (In this place) LIFE		d. STREET ADDRESS (If rural, give location) R.F.D. #1	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. #1			

3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) UIUAN c. (Last) NEFF			4. DATE OF DEATH (Month) (Day) (Year) 5 18 1952			
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 17 - 1861	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months Days 1 4	IF UNDER 24 HRS. Hours Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (State or foreign country) HARRISON CO. MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Neff	13b. MOTHER'S MAIDEN NAME ANN MURREY	14. NAME OF HUSBAND OR WIFE JENNIS NEFF
----------------------------------------	------------------------------------------------	---------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Paul Neff	ADDRESS Gilman City Mo. R.F.D. #1
-----------------------------------------------------------------------------------------------------------------------	----------------------------------------	-------------------------------------------------------	---------------------------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 day
	ANTECEDENT CAUSES DUE TO (b) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	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 331X	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)	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 **7/20**, 19**52** to **5/18**, 19**52**, that I last saw the deceased alive on **7/17**, 19**52**, and that death occurred at **10:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. H. Anderson	(Degree or title) D.O.	23b. ADDRESS Gilman City Mo	23c. DATE SIGNED 5/27/52
-----------------------------------------	----------------------------------	---------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-21-52	24c. NAME OF CEMETERY OR CREMATORY Sprague Cemetery	24d. LOCATION (City, town, or county) (State) Harrison Co. Mo.
------------------------------------------------------------	-----------------------------	---------------------------------------------------------------	--------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. 5/28/52	REGISTRAR'S SIGNATURE Zola Burris	25. FUNERAL DIRECTOR'S SIGNATURE William General Home	ADDRESS Gilman City, Mo.
--------------------------------------------	---------------------------------------------	-----------------------------------------------------------------	------------------------------------

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

410
1

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.....

myself

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Foyl E. Williams*

Licensed Embalmer No. *4883*

P. O. Address *St. Louis City, 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.