

FILED SEP 7 1955

THE DIVISION OF HEALTH—MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

26369

3450

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before a. STATE MISSOURI b. COUNTY Andrew)			
b. CITY OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 5 DAYS		c. CITY OR TOWN CENTRALIA		d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION RALPH LINIC KANSAS CITY MO				STREET ADDRESS (If rural, give location) 0100			
3. NAME OF DECEASED (Type or Print)		a. (First) ROY		b. (Middle) SAMUEL		c. (Last) NEFF	
4. DATE OF DEATH		(Month) 8		(Day) 7		(Year) 1955	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH FEB. 27, 1893	
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months 0 Days 0		IF UNDER 24 HRS. Hours 0 Min.			
10a. USUAL OCCUPATION (Give kind of work done in most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State, or Foreign Country) HUGOTON KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME WILLIAM H NEFF		13b. MOTHER'S MAIDEN NAME VIOLA MATHENY		14. NAME OF HUSBAND OR WIFE CORDIA JANE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO.		17. INFORMANT'S SIGNATURE OR NAME MRS. R. S. NEFF ADDRESS WARSAW MO.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CONGESTIVE HEART FAILURE				5 DAYS	
		ANTECEDENT CAUSES				7 DAYS ?	
		DUE TO (b) UREMIA				3 MO ?	
		DUE TO (c) MALNUTRITION				15 yrs. ago	
		II. OTHER SIGNIFICANT CONDITIONS *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Conditions contributing to the death but not related to the disease or condition causing death. Poor health following fracture of hip					
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) 4341 F (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? 123			
22. I hereby certify that I attended the deceased from Aug 3, 1955 to Aug 7, 1955 , that I last saw the deceased alive on Aug 7, 1955 , and that death occurred at 10:05 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Ralph Emerson Duncan M.D. (Degree or title)				23b. ADDRESS 529 Highland KANSAS CITY MO		23c. DATE SIGNED Aug 15, 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8/9/55		24c. NAME OF CEMETERY OR CREMATORY Salisbury		24d. LOCATION (City, town, or county) (State) Mo.	
DATE REC'D BY LOCAL REG 8-7-55		REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE John P. Steinh		ADDRESS H. C. Steinh	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Ralph Emerson Duncan

mi 485-0

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.....
Signature of Student Embalmer

Signed.....
John P. Shiel

Licensed Embalmer No. 362

P. O. Address... R.C. ...

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.