

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25781**

FILED AUG 14 1956

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 170

1. PLACE OF DEATH a. COUNTY <u>VERNON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>VERNON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEVADA</u>		c. CITY OR TOWN <u>NEVADA</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>18 days</u>		e. STREET ADDRESS (If rural, give location) <u>244 N. PINE 1080</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEVADA CITY HOSP.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MAY</u> b. (Middle) <u>B.</u> c. (Last) <u>NEFF</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-7-56</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>5-16-1874</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>APPELTON CITY, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>JAMES E. JAMES</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH CHASTAIN</u>		14. NAME OF HUSBAND OR WIFE <u>OLIVOR W. NEFF</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give year or date of service) <u>NONE</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>NETA CORNELIUS NEVADA MO.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>21 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u>		
	DUE TO (c) <u>General Arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Radical mastectomy for malignancy</u>			<u>2 yrs</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331XH</u>	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 7-17, 1956, to 8-8, 1956, that I last saw the deceased alive on 8-8, 1956, and that death occurred at 7 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>P. L. Martin M.D.</u>		23b. ADDRESS <u>215 E. N. Ave.</u>		23c. DATE SIGNED <u>8-8-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8-9-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>DEEPWOOD CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>NEVADA, MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>8-10-1956</u>		REGISTRAR'S SIGNATURE <u>Armed & Merry</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>SHORTEN FUNERAL HOME - NEVADA MO.</u>	

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

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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 *Lawrence O. Herling*.....

Licensed Embalmer No. *2979*.....

P. O. Address *Wanda, Md*.....

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.