

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33816

STATE FILE NUMBER

FILED OCT 29 1956

Registration District No. 145 Primary Registration District No. 5566 Registrar's No. 115

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY IRON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bellevue		c. CITY OR TOWN Bellevue	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) CHARLES NEFF			4. DATE OF DEATH October 23 1956		
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH April 19 1896		9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter	
11. BIRTHPLACE (City and state or country) Sullivan Mo.		12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Charles Neff	
14. MOTHER'S MAIDEN NAME Betty Garrett		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWL		16. SOCIAL SECURITY NO. 492-05-6290	
17. INFORMANT Mrs. Vivian Neff, Bellevue Mo.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) METASTATIC CARCINOMA OF LIVER.		INTERVAL BETWEEN ONSET AND DEATH 6 MOS.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c) CARCINOMA OF KIDNEY	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		180X	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from 3-30-56 to 10-23-56 and last saw him alive on 10-22-56 Death occurred at 5:25 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Marvin C. Menne, M.D.		22b. ADDRESS Ironton, Mo.		22c. DATE SIGNED 10-25-56	

23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 10-25-56		23c. NAME OF CEMETERY OR CREMATORY Lower Indian Cemetery		23d. LOCATION (City, town, or county) (State) Courtois Mo.	
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24. FUNERAL DIRECTOR White Funeral Home, Ironton Mo. A. S. White (Licensed Embalmer's Statement on Reverse Side)		25. DATE RECD. BY LOCAL REG. Oct 27 - 1956		26. REGISTRAR'S SIGNATURE Mrs. Elizabeth Logan	
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OCT 26 1934

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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 *Lucy White*.....

Licensed Embalmer No. *301*

P. O. Address *Imton*

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.