

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017383
STATE FILE NUMBER

FILED MAY 18 1959

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. [redacted]

300
1-57

1. PLACE OF DEATH a. COUNTY Greene County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence prior to admission) a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Marionville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital		Length of stay in lb 1 wk.	
3. NAME OF DECEASED (Type or print) First Zula Middle Rosalie Last Neff		4. DATE OF DEATH Month April Day 29 Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 23, 1877
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months 6 Days 6 Hours 0 Min.	IF UNDER 24 HRS. Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Dallas Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John P. Andrews	
13b. MOTHER'S MAIDEN NAME Marintha Jane Hightshoe		14. NAME OF HUSBAND OR WIFE Ira 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 Mrs. J. Fred King Address Marionville, 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) Arteriosclerotic - Cardio-Vascular disease.			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Herpes zoster ophthalmicus 4221C			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <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 April 21, 1959 , to April 28, 1959 last saw her/him alive on April 28, 1959 Death occurred at 7:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John A. Williams M.D. (Degree or title)		22b. ADDRESS Prof. Bldg - Springfield Mo	
22c. DATE SIGNED 5-1-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4/29/59	23c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery	23d. LOCATION (City, town, or county) (State) Marionville, Mo.
24. FUNERAL DIRECTOR J. B. Surridge ADDRESS Marionville, Mo.		25. DATE RECD. BY LOCAL REG. 5-11-59	26. REGISTRAR'S SIGNATURE Effie E. Melton

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms written verbatim. All diseases in Part I must be causally related.

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 *William A. Fuller*

Licensed Embalmer No. *4658*
P. O. Address *Marionville*

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.