

R I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-014294

FILED VS. MAY 9 1960
 DEED

042

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STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 42 years	c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2824 N. 7th St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2824 N. 7th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JESSE Middle FRANKLIN Last NEFF			4. DATE OF DEATH Month April Day 15 Year 1960		
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 12/14/1879	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during rest of working life, even if retired) Ret. printer	10b. KIND OF BUSINESS OR INDUSTRY Newspaper	11. BIRTHPLACE (City and state or country) Saline County, Mo.	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME John F. Neff		13b. MOTHER'S MAIDEN NAME Lucinda Johnson		14. NAME OF HUSBAND OR WIFE Ola Pearl 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. 491-09-2255	17. INFORMANT Address Mrs. Ola Neff, 2824 N. 7th, St. Joseph, 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) Cerebral thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH 14 years 14 1/2 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 _____ a.m. _____ p.m.	Month, Day, Year _____				
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 about 1957 to April 15, 1960 and last saw her about April 12th 1960 him alive on Death occurred at 4:55a. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Signed or title) Lucretia N. Ide, M.D.			22b. ADDRESS 902 Edward St. Joseph, Mo.		22c. DATE SIGNED 4-29-60
23a. BURIAL OR CREMATION, REMOVAL (Specify) burial	23b. DATE 4/18/1960	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph Mo.		
24. FUNERAL DIRECTOR Heaton-Bowman, St. Joseph, Mo.		ADDRESS _____	25. DATE RECD. BY LOCAL REG. May 2, 1960	26. REGISTRAR'S SIGNATURE Mrs. Clark Zordell	

DOCUMENT

MEDICAL CERTIFICATION
 L.W. Ide, M.D.

BY AFFIDAVIT OF

MS MAY 10 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ed Gibson

Licensed Embalmer No. 4137
P.O. Address Ed Gibson

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.