

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

7366 = 63-021097  
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 291 Primary Registration District No. \_\_\_\_\_ Registrar's No. 42

DO NOT WRITE ON THIS STUD

AMENDED

VS 300  
Rev. 4/59

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28140

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DATE AMENDED

AMENDMENTS ON THIS RECORD, ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<b>FILED JUN 5 1963</b>		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Putnam</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Unionville</u>		a. STATE <u>Iowa</u> b. COUNTY <u>Henry</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>On U.S. Highway 126 1 Mile east of Unionville</u>		Length of stay in lb <u>Hour</u>		c. CITY OR TOWN <u>Wayland</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>David</u> Middle <u>Ralph</u> Last <u>Neff</u>		4. DATE OF DEATH Month <u>May</u> Day <u>30</u> Year <u>1963</u>		d. STREET ADDRESS (If outside, give location) <u>R.F.D. No. 2</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/28/1933</u>	9. AGE (last birthday) <u>29</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and state or country) <u>Wayland, Iowa</u>	
13a. FATHER'S NAME <u>Frank Neff</u>		13b. MOTHER'S MAIDEN NAME <u>Mayme Alliaman</u>		14. NAME OF HUSBAND OR WIFE <u>Arlene Neff</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>No</u>		17. INFORMANT Address <u>Frank Neff Wayland, Iowa</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Multiple injuries of entire body</u>					
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)				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 checked="" 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.) <u>Car wreck 1 mile east of Unionville Mo on 2.9.126.</u>			
20c. TIME OF INJURY <u>1:00 p.m. 5-30-63</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 _____ to _____ and last saw her/him alive on _____					
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22. SIGNATURE <u>Charles L. Judd</u> (Degree or title) _____		22b. ADDRESS <u>Unionville Mo</u>		22c. DATE SIGNED <u>5/30/63</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23a. DATE <u>5/31/1963</u>		23c. NAME OF CEMETERY OR CREMATORY _____	
24. FUNERAL DIRECTOR <u>Comstock Funeral Home</u>		ADDRESS <u>Unionville, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>5-31-63</u>	
BY <u>John A. Comstock</u>		26. REGISTRAR'S SIGNATURE <u>Marvill Durbin</u>			

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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

*John N. Comstock*

Licensed Embalmer No. 3891

P. O. Address Unionville, Mo.

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.