MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0050845

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2068

FILED JAN 17 1964

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY
Length of stay in 1b: 5 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: RESEARCH HOSPITAL
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI
b. COUNTY: LAFAYETTE
c. CITY OR TOWN: HIGGINSVILLE
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): R F D
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First MARCELINE Middle NICHOLS Last NEFF

4. DATE OF DEATH: Month 12 Day 28 Year 1963

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 9/4/1918

9. AGE (last birthday): 45

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours 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): WALSENBURG, COLORADO

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: UNKNOWN

13b. MOTHER'S MAIDEN NAME: UNKNOWN

14. NAME OF HUSBAND OR WIFE: ROBERT O. NEFF

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of servi

16. SOCIAL SECURITY NO.:

17. INFORMANT: ROBERT O. NEFF Address: HIGGINSVILLE, MO. RFD

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of breast — INTERVAL BETWEEN ONSET AND DEATH: 8 years
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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 10-25-63, to 12-28-63 and last saw her/him alive on 12-27-63
Death occurred at 6:55 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Martin J. Mueller M.D.

22b. ADDRESS: 6400 Prospect KC MO

22c. DATE SIGNED: 12-28-63

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: 12/28/1963

23c. NAME OF CEMETERY OR CREMATORY: BLUE SPRINGS CEMETERY

23d. LOCATION (City, town, or county) (State): BLUE SPRINGS, MISSOURI

24. FUNERAL DIRECTOR ADDRESS: C.H. BLACKMAN & SON KANSAS CITY, MO.

25. DATE RECD. BY LOCAL REG.: 12-28-63

26. REGISTRAR'S SIGNATURE: Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	05 40		
3			
4	1		
5	1		
6			
7	1		
8	2		
9	170X		
10			
11			
12	64-0		
13			

BY AFFIDAVIT OF Martin J. Mueller MEDICAL CERTIFICATION

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

JAN 22 1964

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 Bert B. Bennett

Licensed Embalmer No. 4656

P. O. Address Kansas City, 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.