

AUG 16 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Dr. Selwell
25376
Do not use this space.

1. PLACE OF DEATH
(a) County Christian? Registration District No. 183
(b) Township Porter Primary Registration District No. 5254
(c) or City Waverly (d) Street No. Route #1 Nixa, Mo. Registered No. 16
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.
2. PRINT FULL NAME Christian Bodenheimer Neaves
(a) Residence, No. Route #1 Nixa, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Neaves
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 24, 1858
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 8 19
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ret. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. On Farm
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 1
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene County, Mo
13. NAME Harvey Neaves
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
15. MAIDEN NAME Mary L. Bodenheimer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
17. INFORMANT (ADDRESS) Delma Rand
Nixa, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Wesley Chapel DATE July 14, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Alvin H. Sawyer
Springfield, Mo.
20. FILED July 26, 1939 Edna R. Hawkins Local Registrar. 169

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1939
22. I HEREBY CERTIFY, That I attended deceased from June 20, 1939, to July 13, 1939
I last saw him alive on June 15, 1939 Death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:
Organic Heart Disease
Arteriosclerosis
Date of onset 1938
- Other contributory causes of importance
Arteriosclerosis
- Name of operation Date of
What test confirmed diagnosis? Cholesterol Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
- Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. D. Selwell M. D.
(Address) Springfield, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 839-1701

Date Filed AUG 14 1939

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:

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.