

FILED JUL 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

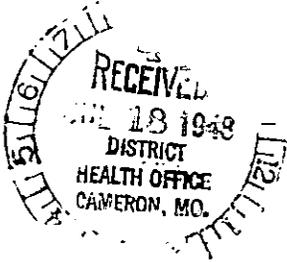
State File No. 24233

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 4370		Registrar's No. 174	
1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clearmont</b>		c. LENGTH OF STAY (In this place) <b>6 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clearmont</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home in Clearmont</b>				d. STREET ADDRESS (If rural, give location) <b>none</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>SAMUEL</b>			b. (Middle) <b>BOLTON</b>		c. (Last) <b>NEFF</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7 10 49</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>7/7/76</b>		9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Elmo, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John Neff</b>			13b. MOTHER'S MAIDEN NAME <b>Ruth Ann Shallars</b>		14. NAME OF HUSBAND OR WIFE <b>Kate Vulgamott Neff</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Kate Neff, Clearmont, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <b>Myocardial infarction</b> ANTECEDENT CAUSES: <b>Coronary Sclerosis and bundle branch block.</b> II. OTHER SIGNIFICANT CONDITIONS: <b>Smility.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b> <b>1 year</b> <b>4 years</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>May 24, 1948</b> , to <b>July 10, 1949</b> , that I last saw the deceased alive on <b>July 8, 1949</b> , and that death occurred at <b>7:45 A. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Lawrence Ford</b>				23b. ADDRESS <b>D. O. 2 Elmo, Missouri</b>		23c. DATE SIGNED <b>7/12/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>7/12/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lamar</b>		24d. LOCATION (City, town, or county) (State) <b>Elmo, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>7-16-49</b>		REGISTRAR'S SIGNATURE <b>Bess Bolt</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Clum M. Price</b>		ADDRESS <b>Maryville, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10. 48



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 .....  
Student Embalmer

Signed Clum M. Price

Licensed Embalmer No. 1822

P. O. Address Marionville 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 this body is not embalmed, fact should be so stated above.

15-11-48