

FILED DEC 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36462

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 1293

1. PLACE OF DEATH a. COUNTY <u>BUCHANAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BUCHANAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL (WASHINGTON TWP.)</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL (WASHINGTON TWP.)</u>	
c. LENGTH OF STAY (In this place) <u>10 Mos.</u>		d. STREET ADDRESS (If rural, give location) <u>RFD #5 Ayr lawn Addition</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ayr Lawn Add. St. Joseph RFD #5</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ERNEST</u> b. (Middle) <u>DORSEY</u> c. (Last) <u>NEFF</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 15, 1949</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>Oct. 16, 1885</u>		9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>EWING NEFF</u>		13b. MOTHER'S MAIDEN NAME <u>BETTY SHOUSE</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. ROSE NEFF</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rose Neff</u> ADDRESS <u>RT. 5, ST. JOSEPH, MO.</u>	
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18. NO OF DEATH Enter only one cause per line for (a), (b), and (c) <u>NO</u>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7 yr</u>
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Primary Ca Stomach</u>			<u>unknown</u>
		DUE TO (c) <u>Secondary Cancer</u>			<u>1 yr</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Operated</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Joseph, Buchanan - MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		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 10-26, 1949, to 11-14, 1949, that I last saw the deceased alive on 11-14, 1949 and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title) <u>Clifton Lusk M.D.</u>		23b. ADDRESS <u>218 No 7th St. Joseph</u>		23c. DATE SIGNED <u>11/16/49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>11-15-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PLATTE CITY CEM.</u>	
				24d. LOCATION (City, town, or county) (State) <u>PLATTE CITY, MO.</u>	

DATE REC'D BY LOCAL REG <u>Nov. 29, 1949</u>		REGISTRAR'S SIGNATURE <u>G. C. Jenkins</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>Rollins & Mitchell, Platte City, Mo.</u> ADDRESS	
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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218 M. 776

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 Roland M. Giffey

Licensed Embalmer No. 4725

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