

FILED NOV 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36837

State File No. ....

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

36

2

BIRTH NO. _____		REG. DIST. NO. <u>111</u>		PRIMARY REG. DIST. NO. <u>4182</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>			
b. CITY OR TOWN <u>Pacific</u>		c. LENGTH OF STAY (in this place) <u>In Route</u>		c. CITY OR TOWN <u>Pacific RFD</u>		<u>36</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Public road</u>				d. STREET ADDRESS (If rural, give location) <u>Rfd #3</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) _____ c. (Last) <u>NEUKAM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October, 18, 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>March, 27, 1876</u>	
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Austria</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>John Neukam</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Yeager</u>		14. NAME OF HUSBAND OR WIFE <u>Franziaka Neukam</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-02-3064B</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Franziaka Neukam, Pacific, Mo.</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertension with</u> DUE TO (c) <u>Cardiac decompensation</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. *AUTOPSY? YES <input type="checkbox"/> NO <input 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) (min.) _____		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 <u>May</u> , 19 <u>46</u> to <u>Oct. 18</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Oct. 18</u> , 19 <u>49</u> and that death occurred at <u>11:30 P.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. S. Duffler D.O.</u>				23b. ADDRESS <u>Pacific, Mo.</u>		23c. DATE SIGNED <u>Oct. 19, 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Crementation</u>		24b. DATE <u>10/21/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Missouri Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct/21/49</u>		REGISTRAR'S SIGNATURE <u>Mary S. Gross</u>		94 25. FUNERAL DIRECTOR'S SIGNATURE <u>Southwest Funeral Home</u>		ADDRESS <u>St. Louis, Mo.</u>	

RECEIVED 11-23-49  
District Health Officer No. 9,  
District File Number.

**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 \_\_\_\_\_

working under my personal supervision. \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Signed *David Van Fossan.*

Licensed Embalmer No. *4282*

P. O. Address *6322 So Grand.*

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.