

FILED FEB 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 896
Registrar's No. 64

BIRTH NO. REG. DIST. NO. 121 PRIMARY REG. DIST. NO. 5464

396

1. PLACE OF DEATH a. COUNTY <i>Greene</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before Administration). a. STATE <i>Missouri</i> b. COUNTY <i>Greene</i>	
b. CITY OR TOWN <i>Willard</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Willard</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) <i>FLORENCE ISABELLE ANN NEFF</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>January 20, 1950</i>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>November 23, 1899</i>	9. AGE (In years last birthday) <i>50</i>	IF UNDER 1 YEAR Months <i>1</i> Days <i>27</i>	IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (State or foreign country) <i>Missouri</i>	12. CITIZEN OF WHAT COUNTRY <i>USA</i>
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13a. FATHER'S NAME <i>William Henry Swell</i>	13b. MOTHER'S MAIDEN NAME <i>Emiline Wittenburg</i>	14. NAME OF HUSBAND OR WIFE <i>Louis Neff (Deceased)</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <i>No</i>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Paul Kubus</i>	ADDRESS <i>Cash Grove Mo</i>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>794X</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiac failure</i>		
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Senility</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from *1-4*, 19*50*, to *1-20*, 19*50*, that I last saw the deceased alive on *1-17* - 19*50*, and that death occurred at *1:45 p. m.*, from the causes and on the date stated above.

23a. SIGNATURE (Deputy or Title) <i>Paul Kubus</i>	23b. ADDRESS <i>Willard Mo.</i>	23c. DATE SIGNED <i>1/22/50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Jan. 27, 1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Greenlawn Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Willard, Greene Mo</i>
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DATE REC'D BY LOCAL REG. <i>1/26/50</i>	REGISTRAR'S SIGNATURE <i>Drew R. Wilson</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Sam Funeral Service</i>	ADDRESS <i>Cash Grove Mo</i>
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(Licensed Embalmer's Statement on Reverse Side)

WHEN PRINTING—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed _____

Warren D. Robert

Signed _____

Student Embalmer

Licensed Embalmer No. _____

4005

P. O. Address _____

Cash Grove Mo.

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

If this body is not embalmed, fact should be so stated above. *X*