

FILED MAR 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5676

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 64	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. LENGTH OF STAY (In this place) 2 wks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		0804	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital				d. STREET ADDRESS (If rural, give location) 1700 East Fifth 0			
3. NAME OF DECEASED (Type or Print)		a. (First) JAMES		b. (Middle) PHILLIP		c. (Last) NEFFENDORF	
4. DATE OF DEATH		(Month) Feb. 15, 1950		(Day)		(Year)	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 25, 1861	
9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months 9 Days 20		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (State or foreign country) Cooper County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Phillip Neffendorf		13b. MOTHER'S MAIDEN NAME Matilda Goetz		14. NAME OF HUSBAND OR WIFE Minnie SchNeffendorf			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Ernest Neffendorf		ADDRESS 1700 E. 5th	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio- Vascular Disease- Uremia. ANTECEDENT CAUSES Senility- senile Dementia. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Cerebral Hemorrhage. Hemiplegia. Left. Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 yrs. 2 years. 3 weeks.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None. Medical treatment only.				20. AUTOPSY YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		4221	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. None.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from over 5 yrs 19, to Febr. 15th, 1950, that I last saw the deceased alive on Febr. 15th, 1950, and that death occurred at 3:45 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Jno. B. Carlisle, M.D.		23b. ADDRESS Sedalia, Missouri		23c. DATE SIGNED 2-17-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/18/50		24c. NAME OF CEMETERY OR CREMATORY Smithton Cemetery		24d. LOCATION (City, town, or county) Smithton, Missouri	
DATE REC'D BY LOCAL REG. 2/18/50		REGISTRAR'S SIGNATURE Betty Yeager Deputy		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Sedalia, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 20
District Health Officer No. 8,
District File Number _____
Date Filed 3-1-50

Mr. Carlisle

FEB 16 1961

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 R. E. Baker

Licensed Embalmer No. 2419

P. O. Address Seelbach

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.