

FILED APR 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12125**

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 307 Registrar's No. 177	
1. PLACE OF DEATH a. COUNTY Butler Bluff			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF STAY (In this place) 3 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		0123
d. FULL NAME OF HOSPITAL OR INSTITUTION 1004 Harper			d. STREET ADDRESS (If rural, give location) 1004 Harper		
3. NAME OF DECEASED (Type or Print) a. (First) Alfred		b. (Middle) Warner		c. (Last) Neck	
4. DATE OF DEATH (Month) (Day) (Year) April 12, 1950					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 3, 1875	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 8 Days 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor		10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (State or foreign country) De Soto, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME George Neck		13b. MOTHER'S MAIDEN NAME Jane Knapp		14. NAME OF HUSBAND OR WIFE Elizabeth Neck	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alberta Werner, Poplar Bluff Mo.		
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 1 hr
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a), stating the underlying cause last. DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			331X
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) m.		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 4-12, 1950 , to 4-12, 1950 , that I last saw the deceased alive on 4-12, 1950 , and that death occurred at 5 a. m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Wm. H. Johnson M.D.		23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/14/50	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.		
DATE REC'D BY LOCAL REG. April 19, 1950		REGISTRAR'S SIGNATURE Wm. H. Johnson	428	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Greer Croy & Fitch Poplar Bluff Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

123
1

APR 25 1950

450-187

BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

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

Wallace M. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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.