

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22441

State File No.

FILED JUL 20 1954

BIRTH NO. _____		REG. DIST. NO. <u>70</u>		PRIMARY REG. DIST. NO. <u>5280</u>		Registrar's No. <u>37</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Clark</u>		a. STATE <u>Mo</u>		b. COUNTY <u>Clark</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Lincoln Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kahoka Mo. 6230</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN			
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>Lincoln Twp</u>		d. STREET ADDRESS			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Charles</u>	b. (Middle) <u>Melvin</u>	c. (Last) <u>Neves</u>	Month <u>July</u>	Day <u>10</u>	Year <u>1954</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>Nov. 20, 1925</u>	9. AGE (In years, last birthday) <u>28</u>	If UNDER 1 YEAR Months _____ Days _____	If UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck driver</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Herman Neves</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Wiegand</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Neves</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>494-22-6654</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Neves</u>		ADDRESS <u>Kahoka</u>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>auto accident</u>					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANCEPOTENT CAUSES					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS <u>Skull crushed</u>					
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) <u>Lincoln Twp, Clark Co, MO</u>		(STATE) <u>MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 10, 1954 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto accident</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9 PM</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Perry S. Borton Coroner</u>				23b. ADDRESS <u>K. Ahola, Mo.</u>		23c. DATE SIGNED <u>7-11-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 12, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kahoka Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kahoka Mo.</u>		
DATE REC'D BY LOCAL REG. <u>7/15-54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Kahoka Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10.48

2280

JUL 29 1954

AUG 12 1954

JUL 22 1954

VS MAY 24 1960

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 Chas L. Suttering

Licensed Embalmer No. 2965

P. O. Address Lansing, Mi

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.