

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5268**  
Registrar's No. **33**

FILED FEB 27 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **5586**

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>rural-Marion Township</b>		c. LENGTH OF STAY (in this place) <b>6 yrs</b>	c. CITY OR TOWN <b>Carthage</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Carthage Route 4</b>		STREET ADDRESS (If rural, give location) <b>Route 4 - W. Fairview Ave</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JAMES</b>	b. (Middle) <b>ALBERT</b>	c. (Last) <b>McNEFF</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 10, 1957</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Oct 7, 1878</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>real estate salesman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>real estate</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>near Centerville, Iowa</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>David T. McNeff</b>	13b. MOTHER'S MAIDEN NAME <b>Phoebe Hiatt</b>	14. NAME OF HUSBAND OR WIFE <b>Mamie Clary McNeff</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>498-40-0016</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. J.A. McNeff</b>	ADDRESS <b>Rte 4, Carthage, Mo</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b>	ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	Morbid 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	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 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) <b>4200</b>
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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 **Aug. 13, 1956**, to **Feb. 10, 1957**, that I last saw the deceased alive on **Sept. 20, 1956**, and that death occurred at **9:30p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Richard R. Cable</b>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>Carthage, Mo</b>	23c. DATE SIGNED <b>2-11-57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	24b. DATE <b>2-14-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fairlawn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Stillwater, Okla.</b>
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DATE REC'D BY LOCAL REG. <b>2-12-57</b>	REGISTRAR'S SIGNATURE <b>W. Clinton</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Knell Mortuary</b>	ADDRESS <b>Carthage, Mo</b>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed  
APR 24 1987  
Society of Morticians  
of the State of Missouri

APR 24 1987

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 .....  
Signature of Student Embalmer

Signed *Frank W. Kuehl* .....

Licensed Embalmer No. 4440

P. O. Address Carthage, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.