

FILED AUG 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28526

| | | | | | | | | | |
|---|--|--|--|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 157 | | PRIMARY REG. DIST. NO. 3028 | | Registrar's No. 179 | | | |
| 1. PLACE OF DEATH a. COUNTY Jasper | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | | | | b. COUNTY Jasper | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage | | | c. LENGTH OF STAY (In this place) 69 days | | c. CITY OR TOWN Carthage | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION McCune-Brooks Hospital | | | | e. STREET ADDRESS (If rural, give location) 431 W. Chestnut | | | | 04950 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) MINNIE | | | b. (Middle) MARY | | c. (Last) NEFF | | 4. DATE OF DEATH (Month) (Day) (Year) August 13, 1957 | | |
| 5. SEX female | | 6. COLOR OR RACE white | | 7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH Jan. 31, 1876 | | 9. AGE (In years) (Month) (Day) (Year) (Hours) (Min.) 81 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | | 11. BIRTHPLACE (City and State or Foreign Country) Wooster, Ohio | | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Isaac C. Campbell | | | 13b. MOTHER'S MAIDEN NAME Elizabeth Shaver | | | 14. NAME OF HUSBAND OR WIFE None | | | |
| 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 Laura Campbell, 431 W. Chestnut Carthage, 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. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage - 1, 9 mos. ago ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | INTERVAL BETWEEN ONSET AND DEATH & 1 week ago 2-4 yrs + | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | 20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" 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) | | 331X | | | |
| 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? | | | | | |
| 22. I hereby certify that I attended the deceased from 3/22, 1940, to 8/13, 1957, that I last saw the deceased alive on 8/13, 1957, and that death occurred at 6:30 p.m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <i>L. Russell Knell</i> (Degree or title) M.D. | | | | 23b. ADDRESS Carthage, Missouri | | | 23c. DATE SIGNED 8-14-57 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation | | 24b. DATE 8-16-57 | | 24c. NAME OF CEMETERY OR CREMATORY Newcomer's Sons | | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri | | | |
| DATE REC'D BY LOCAL REG. Aug 15, 1957 | | REGISTRAR'S SIGNATURE <i>L. Russell Knell, Deputy</i> | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS KNELL MORTUARY, Carthage, Mo. | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 4839
0

County Filed
AUG 2 1936

SEP 19 1936

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..... *D. L. Isbell*

Licensed Embalmer No. *497*

P. O. Address..... *College*

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.