

# FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

79-043010

FILED VS NOV 3 0 1959 326

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. 41

<b>1. PLACE OF DEATH</b> a. COUNTY <u>SCOTLAND</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>GORIN</u> Length of stay in 1b _____ c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home - Gorin</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>SCOTLAND</u> c. CITY OR TOWN <u>GORIN</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>S.W. Pkwy Gorin</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First <u>GEORGE</u> Middle <u>W.</u> Last <u>NEFF</u>			<b>4. DATE OF DEATH</b> Month <u>NOV.</u> Day <u>26</u> Year <u>1959</u>				
<b>5. SEX</b> <u>MALE</u>	<b>6. COLOR OR RACE</b> <u>CAUCASIAN</u>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>MAR 21, 1882</u>	<b>9. AGE (last birthday)</b> <u>77</u>	<b>IF UNDER 1 YEAR</b> IF UNDER 24 HR Months _____ Days _____ Hours _____ Min. _____		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>DECORATOR</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>INTERIOR DECORATOR</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>CANNON FALLS, MINN.</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>GEORGE NEFF</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>SARAH HOFFSTATER</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>MARGARET NEFF</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b> <u>496-22-2755</u>		<b>17. INFORMANT</b> <u>Mrs. Geo. Neff</u> Address <u>GORIN, MO</u>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)					
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>					
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b> <u>SCOTLAND</u>		<b>COUNTY</b> <u>MO</u> <b>STATE</b>			
<b>21. I attended the deceased from</b> <u>1957</u> to <u>1959</u> and last saw him alive on <u>Nov 25 1959</u> Death occurred at <u>9:45</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
<b>22a. SIGNATURE</b> <u>G. M. Simler</u> (Degree or title) <u>D.O.</u>			<b>22b. ADDRESS</b> <u>Gorin mo</u>		<b>22c. DATE SIGNED</b> <u>Nov 27, 1959</u>		
<b>23a. BURIAL, CREMATION, REMQVAL</b> (Specify) <u>Burial</u>		<b>23b. DATE</b> <u>Nov. 22, 1959</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>CALVARY</u>		<b>23d. LOCATION</b> (City, town, or county) <u>MARION, Iowa</u> (State) <u>1959</u>		
<b>24. FUNERAL DIRECTOR</b> <u>Kelly Rogers</u> ADDRESS <u>Breakers mo</u>		<b>25. DATE RECD. BY LOCAL REG.</b> <u>11-27-59</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Vera E. Burner</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JAN 6 1957

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Richard B. Kelly

Licensed Embalmer No. 4490

P. O. Address Edine, Wv

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.