

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 29 1959

'59 044056

STATE FILE NUMBER

Registration District No. 743 Primary Registration District No. 5560 Registrar's No. 20

MAILED

1. PLACE OF DEATH a. COUNTY Howell				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Howell				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Willow Springs		Length of stay in 1b		c. CITY OR TOWN Willow Springs		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rt#3		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Meda Allen NEHER				4. DATE OF DEATH Month Day Year Dec. 23, 1959				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8/24/77	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months 3 Days 29	IF UNDER 24 HR Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) Illinois		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME David Neher			13b. MOTHER'S MAIDEN NAME Christina Alexander		14. NAME OF HUSBAND OR WIFE Sara Elizabeth Neher			
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.	17. INFORMANT Address Eli Neher, Willow Spgs R#3, Mo.				
18. CAUSE OF DEATH (Enter only one cause per (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia, bilateral							INTERVAL BETWEEN ONSET AND DEATH 2 Da	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage							2 Da	
DUE TO (c) Arteriosclerosis, Generalized							30 years	
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		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a.m.* p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE	
21. I attended the deceased from 12-16-59 to 12/23/59 and last saw ^{her} him alive on 12/23/59 Death occurred at 3:45 PM m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) W.R. Stevens, M.D.				22b. ADDRESS Willow Springs, Mo.		22c. DATE SIGNED 12/24/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12/24/59	23c. NAME OF CEMETERY OR CREMATORY McCume, Kansas		23d. LOCATION (City, town, or county) Willow Springs, Mo.		23e. REGISTRAR'S SIGNATURE Marshall Ballard		
24. FUNERAL DIRECTOR Burns Funeral Home, Willow Spgs., Mo.				25. DATE RECD. BY LOCAL REG. 12/26/59		26. REGISTRAR'S SIGNATURE Marshall Ballard		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS
SEP 23 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 _____

Signature of Student Embalmer

Signed _____

Fred W. Barnes
Fred W. Barnes

Licensed Embalmer No. 4614

P. O. Address Willow Spgs.,

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.