

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-000947

LED VS JAN 25 1960

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 16 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>			2. USUAL RESIDENCE (Where deceased lived, if institution) Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington</u>		Length of stay in 1b	c. CITY OR TOWN <u>Cuba</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF DECEASED (If not in hospital, give location) <u>St. Francis Hospital</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rural</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Nelcia</u> Middle <u>Olivia</u> Last <u>Mavis NEFF</u>			4. DATE OF DEATH Month <u>JAN.</u> Day <u>15</u> Year <u>1960</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-8-1922</u>	9. AGE (last birthday) <u>37</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>7</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Cuba, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Lewis Robert</u>		13b. MOTHER'S MAIDEN NAME <u>Myrtle Amanda Bridges</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. Leonard Neff</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT <u>Wm. Leonard Neff</u> Address <u>Cuba, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>skull fracture - base of skull</u>						
DUE TO (b) <u>with diffuse hemorrhage over cerebral lobes</u>						
DUE TO (c) <u>cerebral lobes</u>					<u>60 hrs</u>	
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 checked="" type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Auto collision with another truck</u>				
20c. TIME OF INJURY Hour <u>9:50</u> a.m. / p.m. Month, Day, Year <u>1-12-60</u>						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, factory, street, office, etc.) <u>566 Stanton</u>	20f. CITY, TOWN, OR LOCATION <u>Franklin County, Missouri</u>	COUNTY	STATE	
21. I attended the deceased from <u>January 12, 1960</u> to <u>Jan 15, 1960</u> and last saw her alive on <u>Jan. 15, 1960</u> Death occurred at <u>2:15</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>John P. Ryan M.D.</u>			22b. ADDRESS <u>Washington Mo</u>		22c. DATE SIGNED <u>1-15-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Funeral</u>	23b. DATE <u>Jan. 18, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Kinden Cemetery</u>	23d. LOCATION (City, town, or county) <u>Cuba, Mo.</u>			
24. FUNERAL DIRECTOR <u>Paul J. Franklin</u>		ADDRESS <u>Cuba, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>1/19/60</u>	26. REGISTRAR'S SIGNATURE <u>F.P. Wideman</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

