JRI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-010598
STATE FILE NUMBER

FILED VS MAR 21 1960 128

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 310

ENDED

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield
Length of stay in 1b: 5 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ruffin Nursing Home
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield,
Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location) 519 Cherry
Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Middle Last
(Mrs.) Martha Elizabeth Neaves

4. DATE OF DEATH Month March Day 9 Year 1960

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH 5.25.67
9. AGE (last birthday) 92
IF UNDER 1 YEAR Months 9 Days 14 IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (City and state or country) Greene County, MO
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Josiah E.Burney
13b. MOTHER'S MAIDEN NAME Rebecca M.Butler
14. NAME OF HUSBAND OR WIFE C.B.Neaves, Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Leona Neaves Campbell, daughter Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hemorrhage, cerebral
INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Senility
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes X No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 3,7,60 to 3,9,60 and last saw her/him alive on 3,7,60
Death occurred at 3,9,60 11:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] M.D.
22b. ADDRESS Springfield, Missouri
22c. DATE SIGNED 3,14,60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Mar. 15, 60
23c. NAME OF CEMETERY OR CREMATORY Wesley's Cemetery
23d. LOCATION (City, town, or county) (State) Near Willard, Missouri

24. FUNERAL DIRECTOR ADDRESS Greenwade-Windle, Willard, Mo.
25. DATE RECD. BY LOCAL REG. 3-16-60
26. REGISTRAR'S SIGNATURE Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Bernard F. Wright

Signature of Student Embalmer

Licensed Embalmer No. 4293

P. O. Address Springfiel

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.