

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013400

STATE FILE NUMBER

AMENDED

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 411

FILED MAY 1 1961

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>SPRINGFIELD</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SPRINGFIELD</u>		Length of stay in 1b	c. CITY OR TOWN <u>PHILLIPSBURG</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BURGE HOSPITAL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R.F.D. # 1</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>EFFIE</u> Middle <u>M.</u> Last <u>NEFF</u>			4. DATE OF DEATH Month <u>APRIL</u> Day <u>24</u> Year <u>1961</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>21 JUNE 1883</u>	9. AGE (last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>7</u>
IF UNDER 24 HR Hours <u>7</u> Min. <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>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>JOHN HARVEY</u>		13b. MOTHER'S MAIDEN NAME <u>CHARITY RAINWATER</u>		14. NAME OF HUSBAND OR WIFE <u>THOMAS W. NEFF</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>5</u>	17. INFORMANT <u>RUBY READ</u>		Address <u>SPRINGFIELD, 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>Pneumonia</u>					<u>7 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					<u>4 or more years.</u>
DUE TO (b) <u>Parkinson's Disease</u>					
DUE TO (c) _____					
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 checked="" 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 _____ a.m. _____ p.m.	Month, Day, Year _____				
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, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. I attended the deceased from <u>4, 9, 1961</u> to <u>4-24-61</u> and last saw her <u>him</u> alive on <u>4-23-61</u>			Death occurred at <u>12:15</u> <u>A</u> .m on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>J.D. Musick, M.D.</u> (Degree or title)			22b. ADDRESS <u>505 Med. cal Arts Bldg., Springfield Missouri</u>		22c. DATE SIGNED <u>4, 26, 61.</u> (State) <u>Mo.</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>4-26-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>HAZELWOOD</u>	23d. LOCATION (City, town, or county) <u>SPRINGFIELD Mo.</u>		
24. FUNERAL DIRECTOR <u>KLINGNER MORTUARY, INC.</u> ADDRESS <u>SPGFD. Mo</u>		25. DATE RECD. BY LOCAL REG. <u>4-27-61</u>	26. REGISTRAR'S SIGNATURE <u>Effie S. Meeten</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

50

(Licensed Embalmer's Statement on Reverse Side)

MAY 1 1961

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

Max Rhodes

Licensed Embalmer No. 407

P. O. Address **SPRINGFIELD**

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.