

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018116

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 173 Primary Registration District No. 4970 Registrar's No. 45 STATE FILE NUMBER

**FILED JUN 13 1961**

1. PLACE OF DEATH  
 a. COUNTY LAFAYETTE  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HIPPINSVILLE Length of stay in 1b  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE MISSOURI b. COUNTY LAFAYETTE  
 c. CITY OR TOWN HIPPINSVILLE Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes  No   
LIPPER AVE.

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
SOPHIA NEFF NEFF JUNE 4 - 1961

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 12-1-1872 9. AGE (last birthday) 88 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) ST CATERINA MO 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME JOHN NEFF 13b. MOTHER'S MAIDEN NAME ELISBETH ROERNER 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT W NEFF Address HIPPINSVILLE MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Sepsis  
 DUE TO (b) Decubital Cellulitis & Prolonged Recumbency 2 wks  
 DUE TO (c) Arterio Sclerosis & Thrombotic Encephalomalacia 2 yrs  
 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.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  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 3:30 Month, Day, Year June 3, 1950 p.m.  
 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 June 3, 1950 to June 4, 1961 and last saw her alive on June 3, 1961  
 Death occurred at 3:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deaf or title) Edwin Wilson DO. 22b. ADDRESS 1815 Main Higginsville, Mo. 22c. DATE SIGNED 6/7/61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 6-6-1961 23c. NAME OF CEMETERY OR CREMATORIAN ZION LUTHERAN 23d. LOCATION (City, town, or county) (State) CORDER MISSOURI

24. FUNERAL DIRECTOR WIEGERS-RIEKHOF ADDRESS HIPPINSVILLE MO. 25. DATE RECD. BY LOCAL REG. June-12-1961 26. REGISTRAR'S SIGNATURE Leticia Gordon Jordan

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed Roy F. Wiegen

Licensed Embalmer No. 2883

P. O. Address Higginsville

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.