No. 300
10-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5465

BIRTH NO. 49-008612 REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY: Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chillicothe, Missouri
c. LENGTH OF STAY (In this place): 15 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Chillicothe Hosp. Tol

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Livingston
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chillicothe, Missouri
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Catherine
b. (Middle): Marie
c. (Last): Neidermauser

4. DATE OF DEATH (Month) (Day) (Year): 3 - 3 - 49

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: 3-2-49
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 1 HR. Hours: 15 Min.: 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Chillicothe, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Wilford Clark Neidermauser
13b. MOTHER'S MAIDEN NAME: Virginia Gladys Bridgeman
14. NAME OF HUSBAND OR WIFE:
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.:
17. INFORMANT'S SIGNATURE OR NAME: Wilford Clark Neidermauser
ADDRESS: Kidder, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphixia Livida

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral tear

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from 3/2/49, 19___, to 3/3/49, 19___, that I last saw the deceased alive on 3/2/49, 19___, and that death occurred at 6 a. m., from the causes and on the date stated above.

23a. SIGNATURE: J. M. Dowell (Degree or title) M.D.
23b. ADDRESS: Chillicothe Mo.
23c. DATE SIGNED: 3/3/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar 4-1949
24c. NAME OF CEMETERY OR CREMATORY: Kidder Cemetery
24d. LOCATION (City, town, or county) (State): Kidder, Mo.

DATE REC'D BY LOCAL REG.: March 3/49
REGISTRAR'S SIGNATURE: Frances B Naill
25. FUNERAL DIRECTOR'S SIGNATURE: Bram Funeral Home
ADDRESS: Hamilton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed Student Embalmer No. ..... working under my personal supervision.

Signed ..... Student Embalmer

Signed [illegible]

Licensed Embalmer No. 3052

P. O. Address Hamilton Me

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 this body is not embalmed, fact should be so stated above.