

FILED APR 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

8552

BIRTH NO. <u>49-016213</u>		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1152</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Wellington</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's</u>				d. STREET ADDRESS (If rural, give location) <u>R. 2, D. #2</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Melvin</u>		b. (Middle) <u>George</u>		c. (Last) <u>Niewig</u>	
4. DATE OF DEATH		(Month) <u>March</u> (Day) <u>13</u> (Year) <u>1949</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Feb. 13, 1949</u>		9. AGE (in years last birthday) <u>1</u>		10. AGE (in months) <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>No</u>		11. BIRTHPLACE (State or foreign country) <u>Wellington Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Elmer Niewig</u>		13b. MOTHER'S MAIDEN NAME <u>Renee G. Niewig</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elmer Niewig</u>		ADDRESS <u>R. F. D. #2</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adrenal Insufficiency</u> ANTECEDENT CAUSES <u>Prematurity</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>274X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Necrosis Peyer's Patches</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>C. H. Schmidt</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>St. Luke's Hospital</u>		23c. DATE SIGNED <u>13 March 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 14, 1949</u>		24c. NAME OF CEMETERY, OR CREMATORY <u>Evangelical Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wellington, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-13-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Clair Shopp</u> ADDRESS <u>Wellington, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed

J. Blair Sheppard

Licensed Embalmer No. *4179*

P. O. Address *Wilmington, N.C.*

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.