

FILED FEB 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4192**

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5221 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY OR TOWN <u>Garden City, Dayton Twp. 51</u>		c. CITY OR TOWN <u>Garden City Dayton Twp.</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 3/4 - Southeast of Garden City</u>		<u>3 3/4 Southeast of Garden City</u>	
3. NAME OF DECEASED a. (First) <u>Pete</u>		b. (Middle) <u>E.</u>	
c. (Last) <u>Nemenschwander</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-15-50</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>Feb. 2, 1888</u>
9. AGE (In years last birthday) <u>62</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>
11. BIRTHPLACE (State or foreign country) <u>Versailles, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>David Nemenschwander</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Lopez Bill</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Nemenschwander</u> ADDRESS <u>Shawnee City, Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>7251</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 <u>Feb 15, 1950</u> to <u>Feb 15, 1950</u> , that I last saw the deceased alive on <u>Jan 10, 1950</u> , and that death occurred at <u>10:30 AM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. H. Cronin, D.O.</u> (Degree or title)		23b. ADDRESS <u>Shawnee City, Mo</u>	
23c. DATE SIGNED <u>2/16/50</u>			
24a. BURIAL, CREMATION, ANATOMICAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 17, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Garden City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Garden City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Feb 16, 1950</u>		REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Alvin Rios</u>		ADDRESS <u>Shawnee City, Missouri</u>	

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

MAR 8 1950

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, ~~only~~

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Brigg J. Dickey*

Licensed Embalmer No. *4685*

P. O. Address *Harden City, Mo.*

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.