

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30974

State File No. _____

FILED OCT 10 1950

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5666 Registrar's No. 81

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

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Union Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Union Twp.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home Lewis County</u>		d. STREET ADDRESS (If rural, give location) <u>0560</u>	
3. NAME OF DECEASED a. (First) <u>Laura</u> b. (Middle) <u>Marie</u> c. (Last) <u>Niehans</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 2 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 21, 1868</u>
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Germany</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	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>August Voss</u>		13b. MOTHER'S MAIDEN NAME <u>Amelia Niedhart</u>	
14. NAME OF HUSBAND OR WIFE <u>William Henry Niehaus</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>George Spilket, Ewing, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4222</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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)	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 25</u> , 19 <u>47</u> to <u>Oct 2</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Oct 2</u> , 19 <u>50</u> and that death occurred at <u>11:50 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Laura Marie Niehaus</u> (Degree or title)		23b. ADDRESS <u>Clinton Mo</u>	23c. DATE SIGNED <u>Oct 20-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Oct. 4, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Midway Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lewis County, Missouri</u>
DATE REC'D BY LOCAL REG. <u>10-9-50</u>	REGISTRAR'S SIGNATURE <u>P. St. Jennings M. 1950</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Kenneth Bailey, La Grange, Mo</u> ADDRESS	

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 *Jenneth Bailey*.....

Licensed Embalmer No. *1248*.....

P. O. Address *La Grange, 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.