

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43516

State File No.

FILED JAN 26 1951

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5242 Registrar's No. 85

0210
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Beebranch Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Beebranch township</u>	
c. LENGTH OF STAY (in this place) <u>60 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Rura 1 New Cambria Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>Niemeyer</u> c. (Last) <u>Niemeyer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 24, 1950</u>		
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5. SEX <u>Male ()</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>Oct. 16, 1870</u>		9. AGE (In years last birthday) <u>80</u> IF UNDER 1 YEAR Months <u>2</u> Days <u>8</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Farmer</u>			11. BIRTHPLACE (State or foreign country) <u>Gary Indiana 1</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
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13a. FATHER'S NAME <u>Fred Niemeyer</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Biegal</u>			14. NAME OF HUSBAND OR WIFE <u>Lina Niemeyer</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>M. Rodgers Wien, Mo.</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>5 1/2 yrs</u>	
This does not mean the mode of dying, such as heart failure, asthenia, etc.—It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Carcinoma of prostate</u>						<u>1948</u>	
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) <u>none</u>							
		DUE TO (c) <u>none</u>							
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION <u>Nov 1946</u>		19b. MAJOR FINDINGS OF OPERATION <u>Deep cell carcinoma of prostate</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) (Min.)		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 Oct 16, 1946, to Dec 24, 1950, that I last saw the deceased alive on Dec 13, 1950, and that death occurred at 10:45 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. L. Thomas - M.D.</u>		23b. ADDRESS <u>Salisbury Mo</u>		23c. DATE SIGNED <u>1-3-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial ()</u>		24b. DATE <u>Dec. 28 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Marys Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wien Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>1-4-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James M. Baughman Marceline Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

Date Received: JAN 8 1951
DISTRICT HEALTH OFFICE #2
District File Number 1-51-154
Date Filed: JAN 24 1951

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 George W. Davall

Licensed Embalmer No. 4799

P. O. Address Marceline, 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.