

FILED MAR 5 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **4492**

0396

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **161**

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Springfield	
c. LENGTH OF STAY (in this place) 68 years		d. STREET ADDRESS (If rural, give location) 2120 Ramsey Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Ramsey Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) LILLIE b. (Middle) MAY c. (Last) NEIBUHR			4. DATE OF DEATH (Month) (Day) (Year) Feb. 24, 1951
5. SEX Female	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 26 Oct. 1882
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	
10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (State or foreign country) Springfield, Missouri	
13a. FATHER'S NAME John Climkenbeard		13b. MOTHER'S MAIDEN NAME Catherine Stockstill	
13c. NAME OF HUSBAND OR WIFE Frank Neibuhr		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Roland Murphy, Springfield, Mo.		ADDRESS Springfield, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease	
ANTECEDENT CAUSES (b) Beri-Beri Heart Disease.		INTERVAL BETWEEN ONSET AND DEATH 4 yrs.	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) 1 mos.	
DUE TO (c)		280X	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Peptic ulcer.		3 mos.	
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 Jan 1947 , to Feb 24, 1951 , that I last saw the deceased alive on Feb 23, 1951 , and that death occurred at 8:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE R. Wendell Stewart M.D.		23b. ADDRESS 203 Professional Bldg. Springfield 4 Mo.	
23c. DATE SIGNED 25 Feb 51			
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 26 Feb. 1951	
24c. NAME OF CEMETERY OR CREMATORY Greenlawn		24d. LOCATION (City, town, or county) (State) Springfield, Missouri.	
DATE REC'D BY LOCAL REG. 2/26/51		REGISTRAR'S SIGNATURE M. E. Handley	
25. FUNERAL DIRECTOR'S SIGNATURE Frank C. Thum		ADDRESS Springfield, Mo.	

WRITE PLAINLY—USING UNFADEING 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 Fred C. Triem

Licensed Embalmer No. 2899

P. O. Address Springfield, Missouri.

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.