

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27861

FILED AUG 23 1951

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <u>Pike Pike</u> <u>0821</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana,</u> <u>0821</u>	
c. LENGTH OF STAY (If in this place) <u>15 Mos.</u>		d. STREET ADDRESS (If rural, give location) <u>I05 S. Main</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>I05 S. Main</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Julius</u>	b. (Middle) <u>Karl</u>	c. (Last) <u>Neumann</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>August 8, 1951</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>2/8/71</u>	9. AGE (In years last birthday) (Month) (Day) (Year) <u>80</u> <u>6</u> <u>0</u>	IF UNDER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Teacher</u>	11. BIRTHPLACE (State or foreign country) <u>Germany</u> <u>4</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Christopher Neumann</u>	13b. MOTHER'S MAIDEN NAME <u>Louise Arndt</u>	14. NAME OF HUSBAND OR WIFE <u>Gertrude</u>
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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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Goethe Neumann, Louisiana, Mo.</u>	ADDRESS _____
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u>		<u>Less than 24 hrs</u>
	ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertention</u> DUE TO (c) _____		<u>5 to 7 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes</u>		<u>Many yrs.</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>334X</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) _____
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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? _____
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22. I hereby certify that I attended the deceased from Sept., 1950, to August 8, 1950, that I last saw the deceased alive on Aug. 8, 1950, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles P. Jewellen, M.D.</u>	23b. ADDRESS <u>Louisiana, Mo.</u>	23c. DATE SIGNED <u>8/8/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>8/10/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Gilson Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Gilson, Illinois</u>
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DATE REC'D BY LOCAL REG. <u>Aug 9, 1951</u>	REGISTRAR'S SIGNATURE <u>Bernice Collier</u> <u>374</u>	FUNERAL DIRECTOR'S SIGNATURE <u>George O. Wagner</u>	ADDRESS <u>Louisiana, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 22 1951

Date Received: **AUG 22 1951**
DISTRICT HEALTH OFFICE #2
District File Number *8-57-1478*
Date Filed: **AUG 22 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, George C. Wagner

working under my personal supervision.

Student Embalmer No.

Signed George C. Wagner

Signed.....
Student Embalmer

Licensed Embalmer No. 3773

P. O. Address: Louisiana, 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.