

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30909**

FILED SEP 26 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **235** PRIMARY REG. DIST. NO. **4350** Registrar's No. **13**

0710

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

1. PLACE OF DEATH a. COUNTY <b>Morgan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Morgan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Syracuse</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Syracuse</b>	
c. LENGTH OF STAY (in this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>O.P. Myers Home</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>O.P. Myers Home</b>			

3. NAME OF DECEASED (Type or Print) <b>William Albert Niermeyer</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH <b>Sept. 18, 1951</b>
				(Month) (Day) (Year)

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 31, 1885</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
--------------------	-------------------------------	-----------------------------------------------------------------------	--------------------------------------	-------------------------------------------	---------------------------	-------------------------	---------------------------	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (State or foreign country) <b>Bunceton, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
-----------------------------------------------------------------------------------------------------------	--------------------------------------------------	---------------------------------------------------------------------	--------------------------------------------

13a. FATHER'S NAME <b>Chris Niermeyer</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Braschel</b>	14. NAME OF HUSBAND OR WIFE <b>Margaret Niermeyer (deced)</b>
-------------------------------------------	------------------------------------------------	---------------------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Type, no., or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>-----</b>	17. INFORMANT'S SIGNATURE OR NAME <b>A.M. Niermeyer (son)</b>	ADDRESS <b>Syracuse, Mo</b>
-------------------------------------------------------------------------------	--------------------------------------	---------------------------------------------------------------	-----------------------------

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		INTERVAL BETWEEN ONSET AND DEATH  <b>12 days</b>  <b>20 yrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial failure</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Bronchiectasis</b> DUE TO (c) <b>Bronchitis chronic</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	<b>5021</b>	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) (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 **March 5, 1950**, to **Sept 12, 1951**, that I last saw the deceased alive on **Sept 12, 1950**, and that death occurred at **8:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. L. Hubert</b>	(Degree or title)	23b. ADDRESS <b>Linton, Mo</b>	23c. DATE SIGNED <b>9-19-51</b>
------------------------------------	-------------------	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9/21/1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Syracuse Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Syracuse, Mo</b>
---------------------------------------------------------	----------------------------	-------------------------------------------------------------	-------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <b>9-22-51</b>	REGISTRAR'S SIGNATURE <b>Myrtle Hokenpeller</b>	412	25. FUNERAL DIRECTOR'S SIGNATURE <b>James E. Hubert</b>	ADDRESS <b>Linton, Mo</b>
-----------------------------------------	-------------------------------------------------	-----	---------------------------------------------------------	---------------------------

RECEIVED 9-25-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 9-25-51 \_\_\_\_\_

---

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 *James E. Richards* \_\_\_\_\_

Licensed Embalmer No. *2466* \_\_\_\_\_

P. O. Address *Dipton 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.