

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1065

State File No. ....

FILED JAN 21 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 4

04270

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

1. PLACE OF DEATH a. COUNTY <u>Henry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Windsor</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural - Springfield Twp</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>R# 4 Windsor 04<sup>th</sup></u>		
3. NAME OF DECEASED (Type or Print) <u>NETTIE ELIZABETH NEIMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 13, 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 9 1879</u>	9. AGE (In years last birthday) <u>72</u>	10. CITIZEN OF WHAT COUNTRY? <u>USA</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		11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>W. D. Zucker</u>		13b. MOTHER'S MAIDEN NAME <u>Salina Eberle</u>		14. NAME OF HUSBAND OR WIFE <u>Floyd Neiman</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 ADDRESS <u>Floyd Neiman Windsor 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>Coronary Occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u>		
ANTECEDENT CAUSES			DUE TO (b) _____		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c) _____		
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 <u>4201</u>			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>1-13</u> , 19 <u>52</u> , to <u>1-13</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>1-13</u> , 19 <u>52</u> , and that death occurred at <u>2:30 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Ray B Jordan</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Windsor Mo</u>		23c. DATE SIGNED <u>1-16-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>1-15-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak</u>	24d. LOCATION (City, town, or county) (State) <u>Windsor, Mo</u>		
DATE REC'D BY LOCAL REG <u>Jan-16-52</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u> <u>422</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Huston-Turney Windsor, Mo.</u>		

RECEIVED JAN 21 1952

DISTRICT HEALTH OFFICE No. 3

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

Date Filed JAN 21 1952

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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Shiner, 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.