

S. No. 300
v. 10.48

0164

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7647

State File No.

APR 7 1952

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>104</u>			
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. LENGTH OF STAY (In this place) <u>74 1/2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau 1164</u>		d. STREET ADDRESS (If rural, give location) <u>1222 So. Pe.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SEMO Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1222 So. Pe.</u>					
3. NAME OF DECEASED (First) <u>PETER</u>			b. (Middle) <u>CEPHAS</u>		c. (Last) <u>NISWONGER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 29 - 1952</u>		
5. SEX <u>Male</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec 2 - 1877</u>	9. AGE (In years, Months, Days) <u>74 5 27</u>	IF UNDER 1 YEAR IF UNDER 1 MONTH IF UNDER 1 WEEK Hours Min.			
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Melleville Mo</u>		12. COUNTRY OF BIRTH <u>USA</u>		
13a. FATHER'S NAME <u>Peter Niwonger</u>			13b. MOTHER'S MAIDEN NAME <u>Cardelia Niwonger</u>		14. NAME OF HUSBAND OR WIFE <u>Thos. Sudia Niwonger</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 AND ADDRESS <u>Thos. Niwonger Cape Girardeau 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>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of prostate</u> DUE TO (c) <u>extensive metastases</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>177X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 MON.</u> <u>7 yrs.</u>	
19a. DATE OF OPERATION <u>1-11-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>TUR - extensive local spread of tumor</u>				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 <u>Jan</u> , 19 <u>46</u> , to <u>March 29, 1952</u> , that I last saw the deceased alive on <u>March 28, 1952</u> ; and that death occurred at <u>3:10 A. M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>L. R. Seabough M.D.</u>				23b. ADDRESS <u>8014 Poplarway Cape Girardeau, Mo</u>		23c. DATE SIGNED <u>4-1-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3/31/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo</u>			
DATE REC'D BY LOCAL REG. <u>4-1-52</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>J. H. Howell Cape Girardeau Mo</u>					

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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cap Lee 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.