

STANDARD CERTIFICATE OF DEATH

State File No. 27536

FILED AUG 18 1952

264

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

BIRTH NO.		REG. DIST. NO. <u>77</u>	PRIMARY REG. DIST. NO. <u>3016</u>	Registrar's No. <u>202</u>
1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Jefferson City</u>		c. LENGTH OF STAY (In this place) <u>30yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u> <u>1264</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>308 W. Dunklin St.</u> <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur</u> b. (Middle) <u>William</u> c. (Last) <u>Nienhueser</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 13, 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 6, 1883</u>	9. AGE (In years last birthday) <u>69</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>7</u> IF UNDER 24 HRS. Hours <u>7</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Night Watchman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>National Guard Unit</u>		11. BIRTHPLACE (State or foreign country) <u>Hamburg, Mo.</u> <u>0</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Nienhueser</u>		
13b. MOTHER'S MAIDEN NAME <u>Minnie Ruebling</u>		14. NAME OF HUSBAND OR WIFE <u>Julia Nienhueser</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> <u>no</u>		16. SOCIAL SECURITY NO. <u>495-12-0340</u>		17. INFORMANT'S SIGNATURE OR NAME. ADDRESS <u>Mrs. Julia Nienhueser Jefferson City</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Haemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardio-Vascular Disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>2 day</u>
19a. DATE OF OPERATION <u>Aug 13 1952</u>		19b. MAJOR FINDINGS OF OPERATION <u>Dissecting aortic aneurysm - multiple. 443X</u>		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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>Aug 11, 1952</u> , to <u>Aug 13, 1952</u> , that I last saw the deceased alive on <u>Aug. 13, 1952</u> , and that death occurred at <u>4:20 P.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>L. O. J. Clifton M.D.</u>		23b. ADDRESS <u>Jefferson City, Mo.</u>		23c. DATE SIGNED <u>8-15-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 16, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Victor Buescher Jefferson City, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Aug 16-1952</u>		REGISTRAR'S SIGNATURE <u>R. P. Harris M.D. - H.R.</u>		

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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

Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City

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.