

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38448

State File No.

LED NOV 24 1952

BIRTH NO. REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4214 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY Henry					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deepwater Henry 13		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton 0422		d. STREET ADDRESS (If rural, give location) S. Second St. 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION none				3. NAME OF DECEASED (Type or Print) a. (First) VERNON b. (Middle) Le Roy c. (Last) NIEMANN					
4. DATE OF DEATH Nov. 19 1952		5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			
8. DATE OF BIRTH Mar. 8 - 1924		9. AGE (In years last birthday) 28		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal miner		11. BIRTHPLACE (City and State or Foreign Country) Prairie City Mo			
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME W. C. Niemann			
13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE Lois Virginia NIEMANN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes		16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME W. C. Niemann, Appleton		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) MULTIPLE CHEST FRACTURES BASAL SKULL FRACTURES INTERNAL HEMORRHAGE ANTECEDENT CAUSES _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERNAL BETWEEN ONSET AND DEATH INSTANT	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT			
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HIGHWAY 13		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) DEEPWATER HENRY MO.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NOV. 19 1952 6A.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
21f. HOW DID INJURY OCCUR? AUTO ACCIDENT		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6 A m. , from the causes and on the date stated above.		23a. SIGNATURE Hugh B. Walker, MD coroner (Degree or title)		23b. ADDRESS Clinton, Mo			
23c. DATE SIGNED 19 Nov. 1952		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-21-52		24c. NAME OF CEMETERY OR CREMATORY Appleton City			
24d. LOCATION (City, town, or county) (State) Appleton City Mo		25. FUNERAL DIRECTOR'S SIGNATURE Fred Walker		ADDRESS Clinton		DATE REC'D BY LOCAL REG. Nov. 21-52			
REGISTRAR'S SIGNATURE Florence Adair		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		DATE REC'D BY LOCAL REG.			

(Licensed Embalmer's Statement on Reverse Side)

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

420
3

March 8 - 1924
near Prairie City mo

1952 - 11 - 19
1924 3 - 8
28 - 8 11

Mr. & Mrs.
W. C.

LE Roy

JAN 2 1953
MAY 6 1953

DEC 3 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 Fred Wickham

Licensed Embalmer No. 2178

P. O. Address Clontar 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.