

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13062

State File No. _____

300
10.48

FILED MAR 25 1953

BIRTH NO. _____ REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 4531 Registrar's No. 18

090

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

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrenton Mo		c. LENGTH OF STAY (in this place) 6Dys	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mac Rae Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Hickory-Grove 1090	
d. STREET ADDRESS (If rural, give location) 0		4. DATE OF DEATH (Month) (Day) (Year) March 9 1953	
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Louise c. (Last) Nistendiek		4. DATE OF DEATH (Month) (Day) (Year) March 9 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 14 1873
9. AGE (In years last birthday) 79		10. UNDER 1 YEAR Months 0 Days 0	
11. UNDER 1 RES. Hours 0 Min. 0		11. BIRTHPLACE (State or foreign country) Jamestown MO.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-Wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME N Nickles	
13b. MOTHER'S MAIDEN NAME Anna Nickles		14. NAME OF HUSBAND OR WIFE Henry Nistendirk	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Henry Nistendirk		ADDRESS Wright City MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 5 days	
ANTECEDENT CAUSES		DUE TO (b) Essential Hypertension	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Arteriosclerosis	
II. OTHER SIGNIFICANT CONDITIONS		INTERVAL BETWEEN ONSET AND DEATH 8 yrs	
Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 15 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X	
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)		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 11-17 , 19 51 , to 3-9 , 19 53 , that I last saw the deceased alive on 3-8 , 19 53 and that death occurred at 12:40 P m. , from the causes and on the date stated above.	
23a. SIGNATURE R Beckmeyer (Degree or title) 2		23b. ADDRESS Wright City Mo.	
23c. DATE SIGNED 3-10-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE March 12/53		24c. NAME OF CEMETERY OR CREMATORY Wright City Cemetery	
24d. LOCATION (City, town, or county) (State) Wright City MO.		25. FUNERAL DIRECTOR'S SIGNATURE Nieburg Furn & Und Co	
DATE REC'D BY LOCAL REG. 3-11-53		REGISTRAR'S SIGNATURE Floyd Logan	
25. FUNERAL DIRECTOR'S SIGNATURE Nieburg Furn & Und Co		ADDRESS Wright City Mo	

APR 8 1953

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, of Wright City, Mo.

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

Julius J. Nieburg

Licensed Embalmer No. 33766

P. O. Address Wright City, 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.