No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17839

FILED JUN 15 1953

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 139

1. PLACE OF DEATH
a. COUNTY: Henry 0420 4
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Windsor
c. LENGTH OF STAY (In this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gray Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Henry 0420
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Windsor 0
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): HENRY
b. (Middle): MICHEAL
c. (Last): NEIMAN

4. DATE OF DEATH (Month) (Day) (Year): June 3, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 18 1861
9. AGE (Last birthday): 91 — IF UNDER 1 YEAR: Months 10, Days 16, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Sullivan Indiana
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George Neiman
13b. MOTHER'S MAIDEN NAME: Sallie Canary
14. NAME OF HUSBAND OR WIFE: Alice Decker Neiman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Thurman Neiman — ADDRESS: Windsor, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic hypertensive — INTERVAL BETWEEN ONSET AND DEATH: 3

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4222
20. AUTOPSY? YES ☐ 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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 1, 1953, *to* June 3, 1953, *that I last saw the deceased alive on* June 3, 1953 *and that death occurred at* 5:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ray B Jordan (Degree or title): MD
23b. ADDRESS: Windsor Mo
23c. DATE SIGNED: 6-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-5-53
24c. NAME OF CEMETERY OR CREMATORY: Laurel Oak
24d. LOCATION (City, town, or county) (State): Windsor, Missouri

DATE REC'D BY LOCAL REG.: June 8-53
REGISTRAR'S SIGNATURE: Florence Adair
25. FUNERAL DIRECTOR'S SIGNATURE: Huston Turner — ADDRESS: Windsor, Mo

(Licensed Embalmer's Statement on Reverse Side)

JUL 3 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, ~~or by~~ .....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, 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.