

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **23979**

FILED **JUL 20 1953** REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **794**

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		0117 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wyatt Park Nursing Home 2705 Lafayette Street				d. STREET ADDRESS (If rural, give location) 148 Park Lane			
3. NAME OF DECEASED (Type or Print) Cora Mae Niedorp			4. DATE OF DEATH (Month) (Day) (Year) July 14, 1953				
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Jan. 4, 1878		9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours Mts.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Elisha H. Poe		13b. MOTHER'S MAIDEN NAME Elizabeth Mullen		14. NAME OF HUSBAND OR WIFE Harry Niedorp			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Harold Niedorp					
							ADDRESS 2007 Lovers Lane, St. Joseph, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		Antecedent Causes Cerebral Hemorrhage		Due to (b) Essen. Hypertension		3 mo
			Due to (c)				yes
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychitis, asthetic, likely diabetes						
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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) St. Joseph		(COUNTY) Mo.		(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 May , 19 53 , to 7-14 , 19 53 , that I last saw the deceased alive on 7-14 , 19 53 , and that death occurred at 5:00 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M.E. Grimes M.D.				23b. ADDRESS St. Joseph Mo.		23c. DATE SIGNED 7-15-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/17/53	24c. NAME OF CEMETERY OR CREMATORY Mt. Mora Cem.		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri			
DATE REC'D BY LOCAL REG. July 17, 1953	REGISTRAR'S SIGNATURE Lothar M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Keaton Bowman				
							ADDRESS St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

W. J. Green

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.

Signed _____

Student
Student Embalmer

Licensed Embalmer No. 4791

P. O. Address 318 S. 10 St. S. S. D.

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.