

STANDARD CERTIFICATE OF DEATH

25883

State File No. _____

FILED AUG 6 - 1953

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5945 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Phelps</u> b. CITY OR TOWN <u>Rural - N. Dilaw</u> c. LENGTH OF STAY (in this place) <u>2 wks</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ferndale Nursing Home</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Gasconade</u> c. CITY OR TOWN <u>Herman, Mo.</u> d. STREET ADDRESS (If rural, give location) <u>037/</u>	
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3. NAME OF DECEASED (Type or Print) <u>George Neherman</u> a. (First) <u>George</u> b. (Middle) <u>Neherman</u> c. (Last) <u>Neherman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 27, 1953</u>	
5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Road worker</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Gasconade Co., Mo.</u>	

10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Neherman</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Walzel</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Frank Neherman (son)</u>		ADDRESS <u>St James Mo</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>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis about 6 years</u> DUE TO (c) <u>Arteriosclerosis</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>0</u> <u>5 years</u>	

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 July 9, 1953, to July 27, 1953, that I last saw the deceased alive on July 23, 1953, and that death occurred at 16:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE C. V. Harrison, M.D. (Degree or title) **23b. ADDRESS** St. James, Mo. **23c. DATE SIGNED** 7-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 30, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. George Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Herman, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-28-53</u>		REGISTRAR'S SIGNATURE <u>Ruth B. Powell</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Carol E. Licklider</u>		ADDRESS <u>St James Mo</u>	

AUG 6 1957

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Orrel E. Schreiber

Licensed Embalmer No. 3546

P. O. Address 579 Amy M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.