No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2484

BIRTH NO. FILED FEB 8 1954 REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 4452 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY: St. Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wentzville City
c. LENGTH OF STAY (In this place): 25 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Culverton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wentzville, 0920 0
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Dora
b. (Middle): Catharine Wilhelmine
c. (Last): Niederjohn

4. DATE OF DEATH (Month) (Day) (Year): January 21, 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 20, 1894
9. AGE (In years last birthday): 60 — If under 1 year: Months / Days: 1 — If under 24 hrs.: Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and State or Foreign Country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: John Kessler
13b. MOTHER'S MAIDEN NAME: Katie Peters
14. NAME OF HUSBAND OR WIFE: Omar Niederjohn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Omar Niederjohn
ADDRESS: Wentzville, 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): A cute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Coronary Thrombosis — 9 Months
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: 4201
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* 7-28, 1953, *to* JAN 21, 1954, *that I last saw the deceased alive on* JAN 21, 1954, *and that death occurred at* 8 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. S. Borgsen D.O.
23b. ADDRESS: Keller Bldg. Wentzville, Mo
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: January 24, 1954
24c. NAME OF CEMETERY OR CREMATORY: Linn Cemetery
24d. LOCATION (City, town, or county) (State): Wentzville, Missouri

DATE REC'D BY LOCAL REG.: Jan 28 1954
REGISTRAR'S SIGNATURE: Martin Ruff 40%
25. FUNERAL DIRECTOR'S SIGNATURE: Muschany Funeral Home
ADDRESS: Wentzville

(Licensed Embalmer's Statement on Reverse Side)

FEB 16 1954

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 Howard O. Kenley

Licensed Embalmer No. 4631

P. O. Address Westville, 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.