

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4401

State File No. ....

BIRTH NO. FILED FEB 23 1954 REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4153 Registrar's No. 54-15

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Lockwood, Mo</u> b. COUNTY <u>Dade Co</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Lockwood, Mo</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Lockwood,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Lockwood Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>X</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Meta</u> b. (Middle) <u>Elenora</u> c. (Last) <u>Nieman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 8 1954</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>October 25 1895</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Days <u>3</u> Hours <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Florist</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lockwood, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Herman Haubein.</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Weiland</u>	14. NAME OF HUSBAND OR WIFE <u>Hubert A. Nieman</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>240</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hubert A. Nieman</u> ADDRESS <u>Lockwood</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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) (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 1-16-1954 to 2-8-1954, that I last saw the deceased alive on 2-8-1954; and that death occurred at 1:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Max Heilburn MD</u> (Degree or title)	23b. ADDRESS <u>Lockwood, Mo</u>	23c. DATE SIGNED <u>2-10-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 11-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Immanuel Lutheran</u>	24d. LOCATION (City, town, or county) (State) <u>Lockwood, Dade Mo</u>
DATE REC'D BY LOCAL REG. <u>2-14-54</u>	REGISTRAR'S SIGNATURE <u>J. C. Canada 478</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. L. Hamschildh</u> ADDRESS <u>Lockwood, Mo</u>	

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

0290

0296

**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. 3237

working under my personal supervision.

Student .....  
Student Embalmer

Signed R. L. Hamschild

Licensed Embalmer No. 3234

P. O. Address Lakewood 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.