

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7956**

BIRTH NO. **APR 5 1954** REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **131**

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Cape Girardeau Mo.</b>            |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>Missouri</b><br>b. COUNTY<br><b>Cape Girardeau</b> |  |
| b. CITY OR TOWN<br><b>Cape Girardeau Mo.</b>                           | c. LENGTH OF STAY (In this place township)<br><b>69 yr</b> | c. CITY OR TOWN<br><b>Cape Girardeau</b>  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>St. Francis Hospital</b> |  | e. STREET ADDRESS (If rural, give location)<br><b>915 So. Pacific</b>   |  |

|  |                                  |  |   |  |   |
|--|----------------------------------|--|---|--|---|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Minnie</b><br>b. (Middle) <b>C</b><br>c. (Last) <b>Kimmich</b> |                                  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>Mar 22 1954</b>                        |  |   |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>widowed</b> | 8. DATE OF BIRTH<br><b>Dec 10 1884</b>  | 9. AGE (In years last birthday)<br><b>69</b> | IF UNDER 1 YEAR<br>Months <b>3</b> Days <b>12</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Cafe</b>             |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Cafe</b>                         | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Cape Girardeau County Mo</b> |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A</b>      |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 13a. FATHER'S NAME<br><b>August Neimeier</b>                                  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Wilhelmina Lonke</b> |  | 14. NAME OF HUSBAND OR WIFE<br><b>Widowed</b>               |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown)<br><b>No</b> |  | 16. SOCIAL SECURITY NO.<br><b>NONI</b>               |  | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Don Laust Roman</b> |  |

|  |  |  |                                  |
|--|--|--|----------------------------------|
| 18. CAUSE OF DEATH.<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of descending colon with bowel perforation - generalized peritonitis</b> |  | INTERVAL BETWEEN ONSET AND DEATH |
|  | ANTECEDENT CAUSES<br>DUE TO (b)<br><i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>   |  |                                  |
|  | DUE TO (c)   |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br><i>Conditions contributing to the death but not related to the disease or condition causing death.</i>   |  |  | <b>153X</b>                      |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 19a. DATE OF OPERATION<br><b>March 4th</b>             |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>pervic abscess and generalized peritonitis</b>                  |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input 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) (Min.) |  | 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 **March 3, 19 54** to **March 22nd, 19 54**, that I last saw the deceased alive on **March 22nd 1954**, and that death occurred at **3:50 P.M.**, from the causes and on the date stated above.

|  |  |   |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
| 23a. SIGNATURE<br><i>Albert M. [Signature]</i>             |  | (Degree or title)<br><b>MD</b>                |  | 23b. ADDRESS<br><b>714 Broadway, Cape Girardeau, Mo. 3-27-54</b> |  | 23c. DATE SIGNED   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> |  | 24b. DATE<br><b>Mar 24 1954</b>               |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Memorial Park</b>       |  | 24d. LOCATION (City, town, or county) (State)<br><b>Cape Girardeau Mo.</b> |  |
| DATE REC'D BY LOCAL REG.<br><b>3-29-54</b>                 |  | REGISTRAR'S SIGNATURE<br><b>C. C. Summers</b> |  | 44-0<br><b>Joe E. Howell</b>                                     |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Joe E. Howell</b>                   |  |

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

0.300  
0.48

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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.....  
Signature of Student Embalmer

Signed *R. H. Estes*.....

Licensed Embalmer No. *356*.....

P. O. Address *Cape Girardeau*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.