No. 300
10.48

840

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9669

BIRTH NO. FILED APR 8 1954 REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5978 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY: Polk
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Johnson Twp.
c. LENGTH OF STAY (In this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Polk
c. CITY OR TOWN: Humansville R 3
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Johnson Township 0840

3. NAME OF DECEASED (Type or Print): a. (First) Herman b. (Middle) H. c. (Last) Niehouse
4. DATE OF DEATH (Month) (Day) (Year): 3-28-54
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-4-78
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retiresd Farmer
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (City and State or Foreign Country): Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Henry Niehouse
13b. MOTHER'S MAIDEN NAME: Fredricka Suricka
14. NAME OF HUSBAND OR WIFE: Alice C. Niehouse
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: Alice C. Niehouse ADDRESS: R 3 Humansville

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage — 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)

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: 331 X
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* Mar 11, 1953, *to* Mar 27, 1954, *that I last saw the deceased alive on* Mar 27, 1954, *and that death occurred at* 9:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. E. D. Brown DO
23b. ADDRESS: Collins Mo.
23c. DATE SIGNED: 3-29-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-30-54
24c. NAME OF CEMETERY OR CREMATORY: Humansville Cemetery
24d. LOCATION (City, town, or county) (State): Humansville Missouri

DATE REC'D BY LOCAL REG.: Apr 30, 1954
REGISTRAR'S SIGNATURE: Ralph Gordon per Jewell Gordon 258-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Beckwith Funeral Home Humansville

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed....O. H. Beckwith.....

Licensed Embalmer No. 3937

P. O. Address Humansville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.