

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1090
3

BIRTH NO. _____		REG. DIST. NO. <u>363</u>		PRIMARY REG. DIST. NO. <u>6336</u>		Registrar's No. <u>9</u>			
1. PLACE OF DEATH a. COUNTY <u>Warren</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Treloar</u>			c. LENGTH OF STAY (In this place) <u>62 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Charrette</u> <u>1090</u>			d. STREET ADDRESS (If rural, give location) <u>3 miles S. W. Treloar</u> <u>0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>M. F. A. Grain Elevator</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>August Fritz</u>			b. (Middle) <u>Niemeyer</u>		c. (Last) <u>Niemeyer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 21, 1954</u>		
5. SEX <u>Male</u> <input type="radio"/>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED/WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 24, 1891</u>		9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 YEAR Hours _____	IF UNDER 1 YEAR Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grain Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Treloar, Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Fritz Niemeyer</u>			13b. MOTHER'S MAIDEN NAME <u>Caroline Saak</u>		14. NAME OF HUSBAND OR WIFE <u>Ella Niemeyer</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Waburn Niemeyer, Treloar, Missouri</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, ashenia, 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>Widow of Permea Fritz</u> DUE TO (c) <u>Death due to Acute</u>									
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Heart Condition</u>									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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.) <u>Street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Treloar Warren Mo</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 21 9:30 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Dr. P. H. Krigger, Coroner</u>				23b. ADDRESS <u>Warrenton Mo</u>		23c. DATE SIGNED <u>June 21</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/24/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Immanuels Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Holstein, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>June 23/54</u>		REGISTRAR'S SIGNATURE <u>H. C. Johnson</u> <u>354</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. T. Lichtenberg, Marthasville, Mo.</u>					

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

JUN 30 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 Richard T. Dickenson

Licensed Embalmer No. 4318

P. O. Address Marthasville, 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.