

FILED AUG 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23959**

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 144

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla, Missouri		c. LENGTH OF STAY (In this place) 5yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION McFarland Nursing Home		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rollaalem	
		d. STREET ADDRESS (If rural, give location) 622 Salem Ave.,	

3. NAME OF DECEASED (Type or Print)	a. (First) AGNES	b. (Middle) JUDIE	c. (Last) NIPPERT	4. DATE OF DEATH (Month) (Day) (Year) July 25 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 13, 1865	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months	IF UNDER 1 HOUR Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Pevely, Mo.	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME John Judie	13b. MOTHER'S MAIDEN NAME Agnes Judie	14. NAME OF HUSBAND OR WIFE John Nippert (deceased)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown). (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. F. C. Niemiller, Rolla, Missouri.	ADDRESS
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerosis & senile dementia		
	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. Senility			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4500	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 3-14, 1949, to Death, 1954, that I last saw the deceased alive on , 19 , and that death occurred at 6:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE E. E. Feind M.D. (Degree or title)	23b. ADDRESS Rolla Mo.	23c. DATE SIGNED 7-30-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7-24-1954	24c. NAME OF CEMETERY OR CREMATORY Imperial, Jefferson, Mo.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. Aug 2, 1954	REGISTRAR'S SIGNATURE Nadine L. Stoll	25. FUNERAL DIRECTOR'S SIGNATURE Carol Glenn	ADDRESS 1100 Elm, Rolla, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County Health Officer,
County File Number
Date Filed AUG 10 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 _____

Me

working under my personal supervision.

Student Embalmer No.

Carl J. Glenn
Signed Carl J. Glenn

Signed.....

Student Embalmer

Licensed Embalmer No. 4707

P. O. Address 1100 Elm, Rolla, 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.