

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 5434 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If possible corporate limits, write BURIAL and give township) <u>Rural - St. Johns</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Washington Rv</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Washington Rv</u>		e. STREET ADDRESS (If rural, give location) <u>R 2.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Agnes</u> b. (Middle) <u>Regina</u> c. (Last) <u>Nieder</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 3, 1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Dec. 24, 1874</u>
9. AGE (In years of last birthday) <u>80</u> 11 <u>9</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Maker</u>	

10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Krakow, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Joseph Nieder</u>	13b. MOTHER'S MAIDEN NAME <u>Christina Schroeder</u>	14. NAME OF HUSBAND OR WIFE <u>none</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 <u>Gloria C. Nieder</u>	ADDRESS <u>Krakow Mo</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>	MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>7 yrs</u> <u>10 yrs</u> <u>7 yrs</u>
	ANTECEDENT CAUSES DUE TO (b) <u>arterio-sclerosis</u>	
	DUE TO (c) <u>Senility</u> <u>Cerebral bleed</u>	
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 <u>331x</u>	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)
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 Oct 11, 1955 to Nov 9, 1955, that I last saw the deceased alive on Nov 3, 1955, and that death occurred at 1:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. M. Munch</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Washington Mo</u>	23c. DATE SIGNED <u>12-3-55</u>
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24a. BURIAL CREMATION REMOVAL (Specify)	24b. DATE <u>Dec. 6, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Gertrude's Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Krakow, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12/5/55</u>	REGISTRAR'S SIGNATURE <u>F. C. Sudmann</u>	69-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Nieberg & Co.</u>	ADDRESS <u>City, Que. Washington, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Jerome F. Duval*
Licensed Embalmer No. 450

P. O. Address *Washington*

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