

FILED DEC 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41569**

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 38	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Sedalia)		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN Sedalia		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital				STREET ADDRESS (If rural, give location) 401 East 27th Street			
3. NAME OF DECEASED (Type or Print) a. (First) RICHARD		b. (Middle) THOMAS		c. (Last) NEITZERT		4. DATE OF DEATH (Month) (Day) (Year) Dec. 10, 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 28, 1873	
9. AGE (In years less birthday) 82		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) Laborer		10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (City and State or Foreign Country) Florence, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John William Neitzert		13b. MOTHER'S MAIDEN NAME Katherine White		14. NAME OF HUSBAND OR WIFE Cordelia, Neitzert			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. Not Known		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cordelia Neitzert, Sedalia, Mo			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) MYOCARDITIS. DUE TO (c) HYPERTENSIVE 4261 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (CARDIOVASCULAR DISEASE)				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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.)		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 DEC. 10, 1955 , to DEATH , that I last saw the deceased alive on DEC 10, 1955 , and that death occurred at 4:20 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Karl B. Goussier MD				23b. ADDRESS Sedalia Mo.		23c. DATE SIGNED 12 DEC 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 12, 1955		24c. NAME OF CEMETERY OR CREMATORY Flat Creek Baptist		24d. LOCATION (City, town, or county) (State) Pettis, County	
DATE REC'D BY LOCAL REG. 12-12-55		REGISTRAR'S SIGNATURE Lavonia Cooney		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Del Weckert Sedalia, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

GENERAL HOME

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..... *Russell C. Maag*

Licensed Embalmer No..... *H. 4*

P. O. Address..... *Seeborn*

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