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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 17 1956

State File No. 42466
Registrar's No. 11601

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Oklahoma
b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.
c. LENGTH OF STAY (in this place) _____
c. CITY OR TOWN Ponca City
d. Is Residence within limits of a city or incorporated town? Yes No
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) BARNES HOSPITAL
e. STREET ADDRESS (If rural, give location) 417 So. 8th St \$3.58

3. NAME OF DECEASED a. (First) George b. (Middle) Henry c. (Last) Niemann
4. DATE OF DEATH (Month) (Day) (Year) Dec. 31, 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Jan 28, 1881
9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months 11 Days 3 IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Medical Doctor
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (City and State or Foreign Country) / Blue Earth, Minnesota
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John H. Niemann 13b. MOTHER'S MAIDEN NAME Sophia Clausen 14. NAME OF HUSBAND OR WIFE Grace Niemann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) _____
16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME Mrs Grace Niemann, Ponca City, Okla ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolus
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Adenocarcinoma of Sigmoid Colon (primary site)
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 1+ yrs.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 153X
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) (Minute) _____ 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 Dec. 29, 1955, to Dec. 31, 1955, that I last saw the deceased alive on Dec. 31, 1955, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) FR Bundley M.D. 23b. ADDRESS BARNES HOSPITAL 23c. DATE SIGNED 12/31/55

24a. BURIAL, CREMATION, REMOVAL (Specify) _____ 24b. DATE 1-1-56 24c. NAME OF CEMETERY OR CREMATORY I. o. o. F. Cemetery 24d. LOCATION (City, town, or county) (State) Ponca City Oklahoma

DATE REC'D BY LOCAL REG. JAN 3 1956 REGISTRAR'S SIGNATURE Charles Smith, M.D. 25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary ADDRESS 6633 Clayton Rd

(Licensed Embalmer's Statement on Reverse Side)

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.....
Fred J. [unclear]

Licensed Embalmer No. 476

P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.