

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 559

FILED JAN 23 1956

BIRTH NO.		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 5196		Registrar's No. 96	
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE Missouri b. COUNTY Cape Gir			
b. CITY (If outside corporate limits, write RURAL and give TOWN Rural-Randol Twp. Egypt Mills)		c. LENGTH OF STAY (in this place) 71 yr.		c. CITY OR TOWN Egypt Mills		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 Family Home				e. STREET ADDRESS (If rural, give location) Rural Randol Twp. 01600			
3. NAME OF DECEASED (Type or Print) Frank		a. (First)		b. (Middle) Niedling		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) Jan 16 1956		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct 24 1884		9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months 2		IF UNDER 24 HRS. Days 22 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Egypt Mills Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Wm Niedling		13b. MOTHER'S MAIDEN NAME Elizabeth Sehattie		14. NAME OF HUSBAND OR WIFE Emma Niedling			
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emma Niedling, Egypt Mills 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Stenosis</i> ANTECEDENT CAUSES Morbidity 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. <i>Congestive failure 4/211</i>				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 Aug 30, 1955, to Jan 16, 1956, that I last saw the deceased alive on Jan 11, 1956, and that death occurred at 3 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Charles F. Wilson M.D.		23b. ADDRESS 714 Broadway Cape Girardeau Mo.		23c. DATE SIGNED 1-18-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan - 19 1956		24c. NAME OF CEMETERY OR CREMATORY Egypt Mills		24d. LOCATION (City, town, or county) (State) Egypt Mills Mo.	
DATE REC'D BY LOCAL REG. 1-19-56		REGISTRAR'S SIGNATURE C. C. Summers		44-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Brinkopf Howell-Ester Cape Gir.	

(Licensed Embalmer's Statement on Reverse Side)

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

201 8 2 1957

MAY 20 1957

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 NEIL H. GROSSHEIDER....., Student Embalmer No. 520..... working under my personal supervision..

Student Neil H. Grossheider
Signature of Student Embalmer

Signed W. H. Ester.....

Licensed Embalmer No. 3560

P. O. Address Cape Girardeau.....

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.