

FILED APR 16 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8155

State File No. 409

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 409			
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 37 Yrs		c. CITY OR TOWN St. Joseph		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 Hovey Nursing Home 110 South 10th St.				e. STREET ADDRESS (If rural, give location) 917 South 20th St.					
3. NAME OF DECEASED (Type or Print) a. (First) Ora			b. (Middle)		c. (Last) Neidig		4. DATE OF DEATH (Month) (Day) (Year) Apr. 10, 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 4, 1869		9. AGE (In years last birthday) 86 IF UNDER 1 YEAR: Months Days IF UNDER 2 HRS: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. (16) Steamfitter			10b. KIND OF BUSINESS OR INDUSTRY Plumbing		11. BIRTHPLACE (City and State or Foreign Country) Warsaw, Ind.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Garamaha Neidig			13b. MOTHER'S MAIDEN NAME Mahilla Bass			14. NAME OF HUSBAND OR WIFE Ollie			
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. 491-18-3095		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Welfare Board Records St Joseph, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease  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.				INTERVAL BETWEEN ONSET AND DEATH Unk.	
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)		4200		
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 8/1, 1955, to 4/10, 1956, that I last saw the deceased alive on 4/9, 1956, and that death occurred at 3:10 p. m., from the causes and on the date stated above.									
23a. SIGNATURE Colles Randy				(Degree or title) M.D.		23b. ADDRESS Kirkpatrick Building St. Joseph, Missouri		23c. DATE SIGNED 4/11/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 12, 56		24c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery		24d. LOCATION (City, town, or county) (State) Plattsburg, Mo.			
DATE REC'D BY LOCAL REG. Apr 13, 1956		REGISTRAR'S SIGNATURE Esther M. Allison			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman Wm. Sidenfaden St. Joseph, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

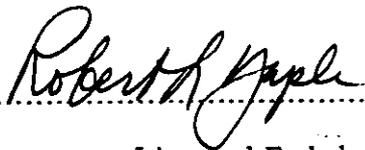
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....



Licensed Embalmer No. 3308

P. O. Address St. Joseph,

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.