

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23888**
2926

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>37 YEARS</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		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 <u>RESEARCH HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>5241 GARFIELD AVENUE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELMER</u>			b. (Middle) <u>HELM</u>		c. (Last) <u>NIEMEYER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July-3; 1956</u>
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>DEC-23-1894</u>	
9. AGE (In years last birt. day) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MANAGER + C.P. ASST.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ERNEST + ERNEST</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>QUINCY ILLINOIS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>WILLIAM NIEMEYER</u>		13b. MOTHER'S MAIDEN NAME <u>EVALINA SCHILD</u>		14. NAME OF HUSBAND OR WIFE <u>HEDWIG NIEMEYER</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>486-09-9348</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ROBERT D. NIEMEYER NEW ORLEANS LA</u>			
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>Lympho Sarcoma</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 mo?</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause lost. 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.					<u>200!</u>
19a. DATE OF OPERATION <u>7-3-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Sarcoma</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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 <u>1947</u> , 19____, to <u>death</u> , 19____, that I last saw the deceased alive on <u>7-3-</u> , 1956, and that death occurred at <u>10:10p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>G. M. Osgood</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>928 Prof. Bldg. - K.C. Mo</u>		23c. DATE SIGNED <u>7-5-56</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>July-5-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>7-5-56</u>		REGISTRAR'S SIGNATURE <u>Neal Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. NEWCOMER'S SONS</u> ADDRESS <u>BRUSH CREEK BLVD K.C. MO.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
G. M. Osgood

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 *Adrian Jay Stitt*.....

Licensed Embalmer No. *4562*.....

P. O. Address *F.C., W.*.....

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.