

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37570**

FILED NOV 19 1956

BIRTH NO. _____		REG. DIST. NO. 116	PRIMARY REG. DIST. NO. 3020	Registrar's No. 228
1. PLACE OF DEATH a. COUNTY Franklin.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Franklin.		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington.		c. CITY OR TOWN Washington.	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 640 W. 8th St.		STREET ADDRESS (If rural, give location) 640 W. 8th St. 03620		
3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Henry c. (Last) Neier		4. DATE OF DEATH (Month) (Day) (Year) Nov. 9th, 1956.		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 25th, 1874.	9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months 9 Days 24 IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer.		10b. KIND OF BUSINESS OR INDUSTRY Farming.	11. BIRTHPLACE (City and State or Foreign Country) Leslie, Mo. R. #2.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Henry Neier.		13b. MOTHER'S MAIDEN NAME Elizabeth Schmitt.	14. NAME OF HUSBAND OR WIFE Emma Neier.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. None.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Eugene Welker Washington, 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) Coronary arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerosis DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac decompensation, Abnormalities		INTERVAL BETWEEN ONSET AND DEATH 1 week several years not determined
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 4201 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) m.	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 10-28-56, 1956 , to 11-9, 1956 , that I last saw the deceased alive on 11-9, 1956 , and that death occurred at 11:00 Am. , from the causes and on the date stated above.				
23a. SIGNATURE L. Neier (Degree or title) W.D.		23b. ADDRESS Washington, Mo.	23c. DATE SIGNED 11-9-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 12, 1956.	24c. NAME OF CEMETERY OR CREMATORY St. Joseph's Cemetery.	24d. LOCATION (City, town, or county) (State) Neier, Mo.	
DATE REC'D BY LOCAL REG. 11/13/56	REGISTRAR'S SIGNATURE L. Neier	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Neiburg & Witt, Inc. Washington, Mo.		

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

79-0

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 Vernon S. Vedder, Student Embalmer No. 537 working under my personal supervision..

Student Vernon S. Vedder
Signature of Student Embalmer

Signed Jerome F. Sinsford
Licensed Embalmer No. 450

P. O. Address Washington

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.