

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

(5934) State File No. **42392**

No. 300
10-48

FILED DEC 24 1956

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **5834** Registrar's No. **43**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). .. a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give town) Prarie - Rural		c. CITY OR TOWN Rural- Prarie	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 51 yrs		e. STREET ADDRESS 8 1/2 Mi. S.W. Sedalia, Rt. #4, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 8 1/2 Mi. S.W. Sedalia, Rt. #4, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) LULA b. (Middle) A. c. (Last) NEITZERT			4. DATE OF DEATH (Month) (Day) (Year) December 15, 1956		
--	--	--	---	--	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH Nov. 17, 1871	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
--------------------------------	---	---	---	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Morgan County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
---	---	--	---

13a. FATHER'S NAME James L. Dinwiddie	13b. MOTHER'S MAIDEN NAME Ann Davis	14. NAME OF HUSBAND OR WIFE Christian Neitzert (Dec.)
--	--	--

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 Raymond Neitzert, Sedalia, Mo.	ADDRESS
--	---	---	----------------

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, arteriosclerosis, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 mos 20 yrs 50 yrs 6 wks.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ASHD DUE TO (c) Obesity		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Renal failure			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200	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 10-30, 1956, to 12-15 1956, that I last saw the deceased alive on 12-13, 1956, and that death occurred at 9 A. m., from the causes and on the date stated above.

23a. SIGNATURE Alvin L. Lowe MD	(Degree or title) MD	23b. ADDRESS Sedalia, Mo.	23c. DATE SIGNED 12-17-56.
--	-----------------------------	--	---

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/17/1956	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) Sedalia, Mo.
--	---------------------------------------	--	--

DATE REC'D BY LOCAL REG. 12-17-56	REGISTRAR'S SIGNATURE Laura [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Sedalia, Mo.
--	--	---	---------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
GILLESPIE FUNERAL HOME

251

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 *Russell C. Maag*

Licensed Embalmer No. *480*

P. O. Address *Sedalia,*

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.