

FILED MAR 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7889

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 185

| | | | | | | | |
|---|---------------------------|---|---|---|--|--|----------------------------------|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY <u>Cape Girardeau</u> | | b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>Cape Girardeau</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | a. STATE <u>Missouri</u> | | b. COUNTY <u>Cape Girardeau</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Family Home</u> | | Length of stay in 1b <u>1 Yr.</u> | | d. STREET ADDRESS (If outside, give location) <u>1405 Rose St.</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>Emma</u> Middle <u>Baker</u> Last <u>Niedling</u> | | | | 4. DATE OF DEATH Month <u>March</u> Day <u>16</u> Year <u>1957</u> | | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Nov. 22, 1888</u> | | 9. AGE (In years last birthday) <u>68</u> IF UNDER 1 YEAR Months <u>4</u> Days <u>24</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u> | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | | 11. BIRTHPLACE (City and state or country) <u>Cape Girardeau County Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13. FATHER'S NAME <u>Gutlup Baker</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Helena Steinhoff</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>None</u> | | 17. INFORMANT <u>Mrs. Freda Schwettmann Cape Girardeau Mo. au</u> Address | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>myocardial infarction</u> <u>Coronary heart disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>A 201</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>A 201</u> | | | | |
| 20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u> | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | STATE |
| 21. I attended the deceased from <u>4/20/57</u> to <u>3/16/57</u> and last saw her him alive on <u>3/16/57</u> Death occurred at <u>7:30 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>J. A. Keenan MD</u> (Degree or title) | | | | 22b. ADDRESS <u>270 N. Higgins Cape Girardeau Mo.</u> | | 22c. DATE SIGNED <u>3/22/57</u> | |
| 23a. BURIAL, CREATION, REMOVAL (Specify) | | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | | 23d. LOCATION (City, town, or location) (State) | | |
| <u>Burial</u> | | <u>March 20, 1957</u> | <u>Trinity Church Cemetery</u> | | <u>Cape Girardeau County Mo.</u> | | |
| 24. FUNERAL DIRECTOR <u>Brinkopf Howell Cape Girardeau</u> ADDRESS | | | | 25. DATE RECD. BY LOCAL REG. <u>3-28-1957</u> | | 26. REGISTRAR'S SIGNATURE <u>(O. C. Summers)</u> | |

(Licensed Embolmer's Statement on Reverse Side)

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Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

NOV 5 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, ~~by~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Neil H. Grosshender*

Licensed Embalmer No. 49

P. O. Address *Cape Girardeau*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.