

FILED APR 17 1957

## STANDARD CERTIFICATE OF DEATH

13818

STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 4280 Registrar's No. 41

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Lawrence</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Stotts City</u>		c. CITY OR TOWN <u>Stotts City</u>		d. STREET ADDRESS (If outside, give location) <u>R.R. Stotts City</u>	
OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		OR TOWN <u>0550</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>(Home) Stotts City</u>		Length of stay in lb <u>60 years</u>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Mary - Niebe</u>				4. DATE OF DEATH <u>April - 8 - 1957</u>			
First		Middle		Last		Month Day Year	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Sept - 16 - 1870</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>Housekeeping</u>		11. BIRTHPLACE (City and state or country) <u>Germany - 4</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Fred Rahmoecker</u>				14. MOTHER'S MAIDEN NAME <u>Louise</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>Martha Veith - Stotts City Mo -</u>			
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>Pulmonary congestion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Influenza</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____						INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>3 weeks</u>	
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.)				
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____							
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>Mar 15 - 57</u> to <u>April 8, 57</u> and last saw her <u>alive</u> on <u>April 8 - 57</u> Death occurred at <u>1:15</u> PM _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>P. D. Johnson M.D.</u>				22b. ADDRESS <u>Mt. Vernon Missouri</u>		22c. DATE SIGNED <u>4-10-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>4-10-57</u>		<u>St. John Evangelical</u>		<u>8th S.W. Mt. Vernon Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>H. D. Fossett - Mt. Vernon Mo -</u>				25. DATE RECD. BY LOCAL REG. <u>4-10-57</u>		26. REGISTRAR'S SIGNATURE <u>Cecil Handrucks</u>	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

411

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Securing the medical certification...

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 ML, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed W. W. Lozalet

Licensed Embalmer No. 22

P. O. Address Mt. Vernon

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.