

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32645**

FILED OCT 7 1957

BIRTH NO. _____ REG. DIST. NO. **207** PRIMARY REG. DIST. NO. **5757** Registrar's No. **51**

1. PLACE OF DEATH a. COUNTY Maries		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) b. STATE Missouri b. COUNTY Maries	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Johnson) twp		c. CITY OR TOWN Rural Johnson Twp	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)		e. STREET ADDRESS (If rural, give location) 0680	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED (Type or Print)	a. (First) Margaret	b. (Middle) Emma	c. (Last) Neidert	4. DATE OF DEATH (Month) (Day) (Year) Sept 26 1957
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 6 1898	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months 6 Days 20	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME William B. Kinsey	13b. MOTHER'S MAIDEN NAME Eliza Bray	14. NAME OF HUSBAND OR WIFE Ed Neidert
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ed Neidert, Safe, Missouri	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH MINUTES 3 years unknown
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS		
	ANTECEDENT CAUSES SEVERE HYPERTENSION Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hormone imbalance DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **8-8-54**, 19**54**, to **9-26**, 19**57**, that I last saw the deceased alive on **9-21-57**, 19**57**, and that death occurred at **8 pm** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. W. Underwood M.D.	23b. ADDRESS 202 East 10th, Rolla, Mo	23c. DATE SIGNED 9-28-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 29 1957	24c. NAME OF CEMETERY OR CREMATORY High Gate Cemetery	24d. LOCATION (City, town, or county) (State) Maries County, Mo.
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DATE REC'D BY LOCAL REG. 10-2-57	REGISTRAR'S SIGNATURE Pauline Howard	25. FUNERAL DIRECTOR'S SIGNATURE Jesse Park - St. James, Mo	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

88-6

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 *C. Jesse Gahr*

Licensed Embalmer No. *4486*

P. O. Address *St. James*

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.