

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36796**

FILED NOV 12 1957

BIRTH NO. _____		REG. DIST. NO. 257		PRIMARY REG. DIST. NO. 4984		Registrar's No. 54	
1. PLACE OF DEATH a. COUNTY Osage				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Osage			
b. CITY (If outside corporate limits, write RURAL and give township) Freeburg, Mo.		c. LENGTH OF STAY (in this place) 10Yrs.		c. CITY OR TOWN Freeburg, Mo.		d. Is Residence within limits of a city or incorporated town? Year 8 No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Her Home				e. STREET ADDRESS (If rural, give location) 0760			
3. NAME OF DECEASED (Type or Print) Theresa Neuner			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) Nov. 2, 1957.	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Apr. 10, 1880.		9. AGE (In years last birthday) Months Days Hours Min. 77 6 20		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Osage County, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Fritz Falter		13b. MOTHER'S MAIDEN NAME Clara Stratman		14. NAME OF HUSBAND OR WIFE Henry Neuner			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Boehmer, Dittmer, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Cancer with metastases ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 157X				INTERVAL BETWEEN ONSET AND DEATH 1yr	
19a. DATE OF OPERATION 3-30-57		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Cancer with metastases (deposable)				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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 Nov 11 , 1957, to Nov 2 , 1957, that I last saw the deceased alive on Oct 21 , 1957, and that death occurred at 5:12 p. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) L. B. Hebbert M.D.				23b. ADDRESS Jefferson City, Mo.		23c. DATE SIGNED 11-5-57.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/5/57	24c. NAME OF CEMETERY OR CREMATORY Holy Family Cemetery		24d. LOCATION (City, town, or county) (State) Freeburg, Mo.		
DATE REC'D BY LOCAL REG. Nov. 7-57		REGISTRAR'S SIGNATURE T. A. ...		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS MO ... Vienna, Mo.			

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

2350

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 *W. B. Birmingham*
Licensed Embalmer No. *366*
P. O. Address *Birmingham*

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.