

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45348
STATE FILE NUMBER

FILED JAN 8 1958

Registration District No. 278 Primary Registration District No. 5953 Registrar's No. 152

V. S. 300
Rev. 1-57

Securing the medical certification in the specific manner required by 193.140 MoRS 1949.
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
 All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY PIKE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PIKE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BUFFALO TOWNSHIP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN LOUISIANA		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 1/2 MI. N. LOUISIANA, MO				Length of stay in 1b MISSISSIPPI RIVER		d. STREET ADDRESS (If outside, give location) RIVER ROAD	
3. NAME OF DECEASED (Type or print) First Middle Last HAROLD ALVIN NIFFEN				4. DATE OF DEATH Month Day Year DEC. 27, 1957			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH FEB. 13, 1941	
9. AGE (In years last birthday) 16		10. USUAL OCCUPATION (Give kind of work done during most of working life, if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY GENERAL		11. BIRTHPLACE (City and state or country) LOUISIANA, MO	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME GEORGE LESTER NIFFEN			13b. MOTHER'S MAIDEN NAME LAURA AMANDA WINTJEN			14. NAME OF HUSBAND OR WIFE _____	
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. UNKNOWN		17. INFORMANT Address GEORGE LESTER NIFFEN - LOUISIANA, MO.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Drowning						INTERVAL BETWEEN ONSET AND DEATH 850x 42	
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)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" 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.) Boat capsized subject drowned					
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.) Mississippi River		20f. CITY, TOWN, OR LOCATION Louisiana		COUNTY Pike		STATE MO	
21. I attended the deceased from _____ to _____ and last saw him _____ on Dec 31 Death occurred at 8 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) J. O. Nichol Coroner				22b. ADDRESS Bowling Green, Mo.		22c. DATE SIGNED Dec 31, 57.	
23a. BURIAL, CREMATION, OR REMOVAL (Specify)		23b. DATE Jan 3, 1958		23c. NAME OF CEMETERY OR CREMATORY RIVERVIEW CEM.		23d. LOCATION (City, town, or county) (State) LOUISIANA, MO.	
24. FUNERAL DIRECTOR GEO. M. COLLIER, LOUISIANA, MO.				25. DATE RECD. BY LOCAL REG. Jan 3, 1958		26. REGISTRAR'S SIGNATURE Bernice Collier	

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 *Geo. M. Callier*

Licensed Embalmer No. *3839*

P. O. Address *Louisiana*

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.