

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009457
STATE FILE NUMBER

FILED MAR 24 1958

Registration District No. 118 Primary Registration District No. 5441 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Third Creek Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Bland 0370 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Farm Home		Length of stay in 1b 30 yrs.	d. STREET ADDRESS (If outside, give location) Rural Route 2 Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last August Edward Neese			4. DATE OF DEATH Month Day Year March 16, 1958		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 11, 1887	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days	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) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Woollam, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Herman Neese	13b. MOTHER'S MAIDEN NAME Minnie Landwehr	14. NAME OF HUSBAND OR WIFE Carrie Brandhorst Neese
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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. 499-40-0864	17. INFORMANT Mrs. Carrie Neese	Address Bland, Mo. Rt. 2
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chronic Myocardial Degeneration</i>		INTERVAL BETWEEN ONSET AND DEATH <i>7 mos.</i> <i>3 years</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Arteriosclerosis, advanced</i>	
DUE TO (c) <i>4221</i>		
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 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.) <i>2</i>
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <i>8-24-57</i> to <i>3-16-58</i> and last saw <i>him</i> alive on <i>3-15-58</i> Death occurred at <i>2 A.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Paula J. ...</i> (Degree or title)	22b. ADDRESS <i>Owensville, Mo.</i>	22c. DATE SIGNED <i>3-17-58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	23b. DATE <i>3-18-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Woollam Methodist Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>near Owensville, Mo.</i>
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24. FUNERAL DIRECTOR <i>Wilford H H Winter</i>	ADDRESS <i>Owensville</i>	25. DATE RECD. BY LOCAL REG. <i>March 18, 1958</i>	26. REGISTRAR'S SIGNATURE <i>Mrs. Marvin Tappmeyer</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc.—most necessary. All diseases in Part I must be causally related.

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 *Millford H H Winter*

Licensed Embalmer No. *3838*

P. O. Address *OWENSHILL*

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.