

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027908

STATE FILE NUMBER

Registration District No. **333**

Primary Registration District No. **3074**

Registrar's No. **123**

FILED JUL 21 1958

300
1-57

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, give TOWNSHIP only) Sikeston		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Sikeston 10030 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 505 No. Ranney		Length of stay in lb 22 Yrs.	d. STREET ADDRESS (If outside, give location) 505 No. Ranney Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Elam Middle Jacob Last Nienstedt			4. DATE OF DEATH Month June Day 29 Year 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 9-4-1877	9. AGE (In years) 80	IF UNDER 1 YEAR Months 9 Days 25	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) Medical Doctor	10b. KIND OF BUSINESS OR INDUSTRY Medicine	11. BIRTHPLACE (City and state or country) Gordonville, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Frederick Nienstedt	13b. MOTHER'S MAIDEN NAME Eliza Hitt	14. NAME OF HUSBAND OR WIFE Olive McGee Nienstedt
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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. None	17. INFORMANT Mrs. Olive Nienstedt	Address Sikeston, Mo.
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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) Cerebrovascular Accident (Thrombosis)		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		332 X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) 1. Hemiplegia Rt. 2. PNEUMONIA, BACILLAR. 3. UREMIA		

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.)
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20c. TIME OF INJURY Hour _____ 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
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21. I attended the deceased from 3-16-58 to JUNE 29-58 and last saw her/him alive on JUNE 29 58 Death occurred at 7:30 PM. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Andrew B. Smith M.D. (Degree or title)	22b. ADDRESS Sikeston, Missouri	22c. DATE SIGNED 6/30/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 1, 1958	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri
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24. FUNERAL DIRECTOR Wunneke Funeral Chapel	ADDRESS Sikeston, Mo.	25. DATE RECD. BY LOCAL REG. 7-8-'58	26. REGISTRAR'S SIGNATURE Mad. Ellet Hunter
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

SEP 30 1958

DATE RECEIVED

7-14-58

SCOTT CO. HEALTH DEPT.

CO. FILE No.

758-168

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 Philip J. Cassidy

Licensed Embalmer No. 4618

P. O. Address Subston, Mo

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.