

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033584

STATE FILE NUMBER

FILED SEP 16 1958 Registration District No. 231 Primary Registration District No. 4341 Registrar's No. 111-

300
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Bellflower Mo		c. CITY OR TOWN Big Spring, Mo Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Spires Nursing H		d. STREET ADDRESS (If outside, give location) 2 Months Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Caroline Middle Elizabeth Last Niedergerke			4. DATE OF DEATH Month Sept Day 8 Year 1958
5. SEX F	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct-5-1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 86
11. BIRTHPLACE (City and state or country) Big Spring, Mo		12. CITIZEN OF WHAT COUNTRY? U S	
13a. FATHER'S NAME Henry Holtwick		13b. MOTHER'S MAIDEN NAME Caroline Flute	14. NAME OF HUSBAND OR WIFE Fritz Niedergerke
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 Address Russell Niedergerke Mexico, 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) Coronary occlusion Coronary artery disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 4201 DUE TO (c) 4201			INTERVAL BETWEEN ONSET AND DEATH 3 days
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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
21. I attended the deceased from July 7, 1958 to Sept 8, 1958 and last saw her alive on Sept 6, 1958 Death occurred at 4:00 p.m. on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE [Signature] (Deceased or title)		22b. ADDRESS [Address]	
22c. DATE SIGNED 9/10/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept-10-1958	23c. NAME OF CEMETERY OR CREMATORY Big Spring Church Cemetery
23d. LOCATION (City, town, or county) Big Spring		23e. STATE Mo	
24. FUNERAL DIRECTOR Baker Funeral Home Americus, Mo		25. DATE RECD. BY LOCAL REG. 9-10-58	26. REGISTRAR'S SIGNATURE [Signature]

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 *D B Baker*

Licensed Embalmer No.....3375.....

P. O. Address.....Americus, Ma.....

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.