Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035681
STATE FILE NUMBER

FILED NOV 12 1958 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 244

1. PLACE OF DEATH
a. COUNTY: Calloway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Fulton — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: State Hosp. #1 — Length of stay in 1b: 3mos

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Osage
c. CITY OR TOWN: Chamois — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): 076 0 0 — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: Henry Middle: F. Last: Niewald

4. DATE OF DEATH: Month Nov. Day 4, Year 1958

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Oct. 26, 1877

9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

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): Freedom, Mo. 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Herman Niewald

13b. MOTHER'S MAIDEN NAME: Wilhemina Kreuger

14. NAME OF HUSBAND OR WIFE: Talitha Niewald

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown? If yes, give war or dates of service): D.K.

16. SOCIAL SECURITY NO.: D.K.

17. INFORMANT: Daughter — Address: Chamois

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Pulmonary edema

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis X
DUE TO (c): 334X

INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic brain syndrom with cerebral arteriosclerosis

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ] /

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 August 24-1958, to November 4th 58 and last saw her/him alive on Nov4, 1958
Death occurred at 3:03 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Erwin Leonhardt M.D.

22b. ADDRESS: State Hospital. Fulton-Mo

22c. DATE SIGNED: 11-5-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Nov 7 1958

23c. NAME OF CEMETERY OR CREMATORY: Pilgram Luthern

23d. LOCATION (City, town, or county) (State): Freedom, Mo

24. FUNERAL DIRECTOR ADDRESS: Clyde Morton, Linn Mo

25. DATE RECD. BY LOCAL REG.: Nov. 5-1958

26. REGISTRAR'S SIGNATURE: Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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NOV 14 1958

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 Vernon M. Morlen

Licensed Embalmer No. 4125

P. O. Address Lenox

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.