

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039327
STATE FILE NUMBER

FILED DEC 3 1958 Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 337

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Osage	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Linn
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Mary's hospital		Length of stay in 1b 9 hrs	d. STREET ADDRESS RFD#1
3. NAME OF DECEASED (Type or print) First Middle Last John Walter Nilges			4. DATE OF DEATH Month Day Year Nov. 21 1958
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 Au. 14 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer-Road work		10b. KIND OF BUSINESS OR INDUSTRY farm - --- Road	11. BIRTHPLACE (City and state or country) Linn Mo
13a. FATHER'S NAME Henry Nilges		13b. MOTHER'S MAIDEN NAME Mary Garzand	12. CITIZEN OF WHAT COUNTRY? USA
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. 495-36-0144	14. NAME OF HUSBAND OR WIFE Frona Lock Nilges
17. INFORMANT Mrs Frona Nilges Linn Mo			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO (b) Hypertensive Cordia Vasculor Disease 3 yrs DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443 X			INTERVAL BETWEEN ONSET AND DEATH 10 hrs
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 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 Nov. 21, 1958 to Nov. 21, 1958 and last saw her alive on Nov. 21, 1958 Death occurred at 5:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) L. D. J. Leiba M.D.		22b. ADDRESS Jefferson City, Mo	22c. DATE SIGNED 11-22-58
23a. BURIAL, CREMATION, etc. (Specify) Burial	23b. DATE 11/24/58	23c. NAME OF CEMETERY OR CREMATORY St George cemetery	23d. LOCATION (City, town, or county) (State) Linn Mo
24. FUNERAL DIRECTOR Clyde Morton		ADDRESS Linn	25. DATE RECD. BY LOCAL REG. 22 Nov. 1958
26. REGISTRAR'S SIGNATURE R. P. Harris, M.D. M.H.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *Harmon M. Morton*

Licensed Embalmer No. *4125*

P. O. Address. *Linn 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.