

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-041011

STATE FILE NUMBER

FILED DEC 15 1958

Registration District No.

274

Primary Registration District No.

4408

Registrar's No.

459

1. PLACE OF DEATH a. COUNTY <i>Pettis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Pettis</i>	
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN <i>Smithton</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Smithton</i> <sup>0800</sup> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>ALBERT FRANKLIN NEUMEYER</i>			4. DATE OF DEATH Month Day Year <i>December 5, 1958</i>		
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5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>January 22, 1879</i>	9. AGE (In years last birthday) <i>79</i>	F UNDER 1 YEAR Months Days Hours Min. <i>10 13 - -</i>	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>mortician</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Funeral Director</i>	11. BIRTHPLACE (City and state or country) <i>Morgan County</i>	12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
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13a. FATHER'S NAME <i>Martin Neumeyer</i>	13b. MOTHER'S MAIDEN NAME <i>Julia La France</i>	14. NAME OF HUSBAND OR WIFE <i>Clara Neumeyer</i>
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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) <i>no</i>	16. SOCIAL SECURITY NO. <i>495-09-7410</i>	17. INFORMANT <i>Mrs. A. F. Neumeyer - Smithton, Mo.</i>	Address
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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>Cerebral Hemorrhage</i>	INTERVAL BETWEEN ONSET AND DEATH
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Atherosclerotic Cardiovascular Disease</i>	DUE TO (c)
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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"/>
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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>4221</i>
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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
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21. I attended the deceased from <i>Dec 1951</i> to <i>Dec 1958</i> and last saw him alive on <i>5 Dec 1958</i> Death occurred at <i>8:20</i> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>P. S. Siegel MD</i> (Degree or title)	22b. ADDRESS <i>Smithton, Mo.</i>	22c. DATE SIGNED <i>12/8/58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Dec. 8, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Smithton Cemetery</i>	23d. LOCATION (City, town, or county) <i>Smithton, Mo.</i>
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24. FUNERAL DIRECTOR <i>Neumeyer Funeral Home - Smithton</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. <i>12-8-1958</i>	26. REGISTRAR'S SIGNATURE <i>Frances Shelby</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

OCT 11 1961

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 *Richard D. Conner* .....

Licensed Embalmer No. *4703* .....

P. O. Address. *Jupiter, 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.