

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016524

STATE FILE NUMBER

3076

Registrar's No. 102

MAY 5 1959

Registration District No. 360

Primary Registration District No.

S. 300
1-57

1. PLACE OF DEATH a. COUNTY <i>Vernon</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Vernon</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Nevada</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Nevada</i> <i>10820</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Nevada Hospital</i>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <i>505 West Austin</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Richard</i> Middle <i>Leonard</i> Last <i>Johannes</i>			4. DATE OF DEATH Month <i>April</i> Day <i>25</i> Year <i>1959</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>September 1876</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Medical Doctor Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years birth day) <i>82</i>	
11. BIRTHPLACE (City and state or country) <i>Rockville, Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			
13a. FATHER'S NAME <i>Nicholas Johannes</i>		13b. MOTHER'S MAIDEN NAME <i>Kathrine Rapp</i>		14. NAME OF HUSBAND OR WIFE	
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>499-44-6650</i>		17. INFORMANT <i>Kathrine Johannes</i> Address <i>Nevada, Missouri</i>	
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>Cardio-vascular disease</i>					INTERVAL BETWEEN ONSET AND DEATH <i>4 yrs.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>General arteriosclerosis</i>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>2</i>
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 _____ a.m. _____ p.m. _____			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <i>Sept 1955</i> to <i>4-25-59</i> and last saw ^{her} him alive on <i>4-25-59</i> Death occurred at <i>6 12</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>F.S. Martice M.D.</i>			22b. ADDRESS <i>Nevada Mo</i>		22c. DATE SIGNED <i>4-27-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>4/28/59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Deepwood Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Nevada, Missouri</i>
24. FUNERAL DIRECTOR <i>Eichinger Funeral Home</i>		ADDRESS <i>Nevada, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>5-1-1959</i>	26. REGISTRAR'S SIGNATURE <i>Anna E. Ferry</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MAY 26 1959

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 *Jercy F. Milster*

Licensed Embalmer No. *4805*

P. O. Address *Nevada, Missouri*

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.