

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018192

STATE FILE NUMBER

FILED MAY 18 1959

Registration District No. 157 Primary Registration District No. 5587 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Preston Township</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Lamar</u> <u>00610</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 1/2 Mi. S. Jasper</u> Length of stay in lb <u>1 hr.</u>		d. STREET ADDRESS (If outside, give location) <u>600 North Gulf</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Clayton</u> Middle <u>Albert</u> Last <u>Niehaus</u>			4. DATE OF DEATH Month <u>May</u> Day <u>1</u> Year <u>1959</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 17, 1914</u>
9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Construction Supt.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Heavy Construction</u>	11. BIRTHPLACE (City and state or country) <u>Prosperity, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. FATHER'S NAME <u>Ed. L. Niehaus</u>	
14. MOTHER'S MAIDEN NAME <u>Daisy Brummett</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.II</u>	
16. SOCIAL SECURITY NO. <u>555-09-2424</u>		17. INFORMANT <u>Mr. Ed. L. Niehaus, Lamar, Mo</u> Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Suicide</u>			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <u>Rubber hose from exhaust pipe of car into closed car.</u>			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>9731</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Monoxide gas from car exhaust</u>	
20c. TIME OF INJURY Hour <u>Near 7:00</u> Month <u>5</u> Day <u>1</u> Year <u>59</u> a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Brother-in-law's farm. Rural</u>	
20f. CITY, TOWN, OR LOCATION <u>Jasper</u> COUNTY <u>Mo</u>		21. I attended the deceased from _____ and last saw him alive on _____ Death occurred at <u>Near 7:00 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>J. Darwin Magee, D.O.</u>		22b. ADDRESS <u>Jasper, Mo</u>	
22c. DATE SIGNED <u>5/2/59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>May 5 1959</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Lake</u>		23d. LOCATION (City, town, or county) (State) <u>Lamar, Missouri</u>	
24. FUNERAL DIRECTOR <u>Konantz Funeral Home, Lamar, Missouri</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>5-5-59</u>	
		26. REGISTRAR'S SIGNATURE <u>Elly Clinton</u>	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
000-56
Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUL 28 1959

REC. 10 1959

MAY 22 1959

VS APR 21 1960

MAY 22 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 *George W. Newcomb*.....

Licensed Embalmer No. *46*

P. O. Address *Tookwa*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.