

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028674

FILED VS AUG 21 1959

Registration District No. 119 Primary Registration District No. 4191 Registrar's No. 33

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Gasconade	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Gasconade		Length of stay in 1b 38 years	c. CITY OR TOWN Gasconade Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT IN hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) GEORGE NEIDHARDT			4. DATE OF DEATH Month Aug Day 4 Year 1959		
5. SEX Male	6. COLOR OR RACE Cau.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/11/1885	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Laborer		10b. KIND OF BUSINESS OR INDUSTRY Railway	11. BIRTHPLACE (City and state or country) Morrison, Mo	12. CITIZEN OF WHAT COUNTRY U. S.	

13a. FATHER'S NAME Anselm Neidhardt	13b. MOTHER'S MAIDEN NAME Louise Neckermann	14. NAME OF HUSBAND OR WIFE Elizabeth Neidhardt
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. 702-14-4423	17. INFORMANT Address Mrs. Elizabeth Neidhardt Mo Gasconade

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Exsanguination		7 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Carcinoma of throat	6 mos.
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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. Month, Day, Year			
20d. INJURY PERFORMED WHILE AT WORK <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 6/28/59 to 8/5/59 and last saw ^{him} ~~her~~ alive on 8/5/59
Death occurred at 8:20 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>H. J. Hermann</i>	(Degree or title)	22b. ADDRESS Hermann, Missouri	22c. DATE SIGNED 8/5/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/7/1959	23c. NAME OF CEMETERY OR CREMATORY Gasconade Cemetery	23d. LOCATION (City, town, or county) Gasconade Mo

24. FUNERAL DIRECTOR Hugo H. Blumer	ADDRESS Hermann, Mo	25. DATE RECD. BY LOCAL REG. 8-6-59	26. REGISTRAR'S SIGNATURE <i>Delma Uffelmann</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

W. J. Welch, 00

SEP 22 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 _____

Hughes B...

licensed Embalmer No. 3160

P. O. Address Gasconade, 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.

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