

FILED VS DEC 8 1959

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3010

451

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Cape</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cape Girardeau</b>		Length of stay in lb <b>55 yr</b>	c. CITY OR TOWN <b>Cape Girardeau</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St Francis Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1607 Perryville Rd</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Herman</b> Middle <b>Charles</b> Last <b>Niemann</b>			4. DATE OF DEATH Month <b>Nov</b> Day <b>26</b> Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7-19-1878</b>	9. AGE (last birthday) <b>81</b>	IF UNDER 1 YEAR Months <b>4</b> Day <b>7</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Horse Trainer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Race Horses</b>	11. BIRTHPLACE (City and state or country) <b>Gordonville Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>		
13a. FATHER'S NAME <b>Wm Niemann</b>		13b. MOTHER'S MAIDEN NAME <b>Matildia Kester</b>		14. NAME OF HUSBAND OR WIFE <del>Swella Niemann</del>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT Address <b>Mrs Theon Martin Cape Gir. Mo</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Lipo SARCOMA left Thigh</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 yrs</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>OLD AGE</b>					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
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 _____ Month, Day, Year _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED 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 <b>1955</b> to <b>Nov. 26, 1959</b> and last saw him alive on <b>Nov. 26, 1959</b> Death occurred at <b>6PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>C. P. McGinty M.D.</i> (Degree or title)			22b. ADDRESS <b>1912 W. Broadway Cape Girardeau, Mo.</b>		22c. DATE SIGNED <b>11/28/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11-28-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St Mary's</b>		23d. LOCATION (City, town, or county) (State) <b>Cape Girardeau Mo.</b>	
24. FUNERAL DIRECTOR <b>Brinkopf Howell</b> , Cape Gir Mo.		25. DATE RECD. BY LOCAL REG. <b>12-4-59</b>	26. REGISTRAR'S SIGNATURE <i>Drene Kester</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 B. H. Eotess

Licensed Embalmer No. 3568

P. O. Address Pepe St

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.