

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-002232

FILED VS FEB 9 1960

1960/62

Registration District No. 5594

Primary Registration District No. 4

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL - MERAMEC		Length of stay in lb Byrs 1mo. 10 days		c. CITY OR TOWN CARLYLE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST JOSEPH'S HILL INF.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		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 JOHN Middle H. Last NIEHOFF				4. DATE OF DEATH Month JANUARY Day 21 Year 1960				
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-11-1894	9. AGE (last birthday) 65 yrs.	IF UNDER 1 YEAR Months 4 Days 10	IF UNDER 24 HR Hours 10 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED			10b. KIND OF BUSINESS OR INDUSTRY ABTRACTOR		11. BIRTHPLACE (City and state or country) CARLYLE, ILL.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME H. A. NIEHOFF			13b. MOTHER'S MAIDEN NAME ANNA HOYER		14. NAME OF HUSBAND OR WIFE UNKNOWN			
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. 352-09-8842		17. INFORMANT Bro. Leonard Dost St. Joseph's Hill Inf. Carlyle, Ill.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular accident							INTERVAL BETWEEN ONSET AND DEATH 2 weeks.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Generalized arteriosclerosis with	DUE TO (c) arteriosclerotic heart disease						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility.					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 checked="" 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 8:30 Month, Day, Year 12/9/1956	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.)		20f. CITY, TOWN, OR LOCATION	COUNTY		STATE	
21. I attended the deceased from 12/9/1956 to 1/14/1960 and last saw him alive on 1/14/1960 . Death occurred at 8:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Patrick L. Hogan MD (Deedee or title)				22b. ADDRESS 2623 Telegraph Lane, Carlyle, Ill.		22c. DATE SIGNED 1/21/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1/21/60	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) Carlyle Ill.		23e. (Style)		
24. FUNERAL DIRECTOR Frederick Tomual Home Carlyle, Ill.			25. DATE RECD. BY LOCAL REG. 1-21-60		26. REGISTRAR'S SIGNATURE Robert E. Bauer			

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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ralph Altman

Licensed Embalmer No. 4808

P. O. Address Union, Mo

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