

# R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010482

LED VS APR 4 1960

Registration District No. 115-116 Primary Registration District No. 3030 Registrar's No. 71

STATE FILE NUMBER

INDEXED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>GASCONADE</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Washington</b>		Length of stay in lb <b>4-days</b>		c. CITY OR TOWN <b>Bland</b>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Francis Hosp.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>..</b>		
3. NAME OF DECEASED (Type or print) First <b>Lizzie</b> Middle <b>C.</b> Last <b>Neese</b>			4. DATE OF DEATH <b>March 28-1960</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan 27-1894</b>	9. AGE (last birthday) <b>66</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>house wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>		11. BIRTHPLACE (City and state or country) <b>Bem-Mo</b>		
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Henry C. Sassmann</b>		13b. MOTHER'S MAIDEN NAME <b>Minnie Poetting</b>		
14. NAME OF HUSBAND OR WIFE <b>Herman D. Neese</b>		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>None</b>		
17. INFORMANT <b>Herman D. Neese - Bland-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>Artemia due to chr nephritis</b> <b>chr Hypertensive arteriosclerosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>chr Hypertensive arteriosclerosis</b> DUE TO (c) <b>—</b>		INTERVAL BETWEEN ONSET AND DEATH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)				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 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>Jan 1959</b> to <b>March 28, 60</b> and last saw her alive on <b>March 28/60</b> Death occurred at <b>8:35 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <b>E. C. ... M.D.</b>		22b. ADDRESS <b>Washington Mo</b>		22c. DATE SIGNED <b>3/29/60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3-30-60</b>	23c. NAME OF CEMETERY OR CREMATOR <b>City Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Owensville - Mo.</b>		
24. FUNERAL DIRECTOR <b>Charles Sassmann</b>		25. DATE RECD. BY LOCAL REG. <b>3/30/60</b>		26. REGISTRAR'S SIGNATURE <b>J. H. ...</b>		

APR 19 1960

**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 Cherita Lassman

Licensed Embalmer No. 417  
P. O. Address Blond-

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.