RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS APR 4 1960

60-010484

STATE FILE NUMBER

Registration District No. 115-116 Primary Registration District No. 30-20 Registrar's No. 67

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hosp. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Franklin
c. CITY OR TOWN Washington — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First OSCAR Middle HENRY Last NIEDERGERKE
4. DATE OF DEATH Month March Day 27 Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 6-5-1899
9. AGE (last birthday) 60
IF UNDER 1 YEAR Months 9 Days 22 — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nite Watchman
10b. KIND OF BUSINESS OR INDUSTRY Deb. Shoe Co.
11. BIRTHPLACE (City and state or country) New Haven Mo.
12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Karl Niedergerke
13b. MOTHER'S MAIDEN NAME Freidriks Shomberg
14. NAME OF HUSBAND OR WIFE Verena Niedergerke
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 499-34-4795
17. INFORMANT Mrs. Oscar Niedergerke Address Washington Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension — Do not know
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Obesity
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 8/7/47, to 3/27/60 and last saw ~~him~~ him alive on 3/26/60
Death occurred at 2:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. P. Eisenmann (Degree or title) M.D.
22b. ADDRESS New Haven, Missouri
22c. DATE SIGNED 3/28/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3-30-1960
23c. NAME OF CEMETERY OR CREMATORY St. Peters E. & R Cem.
23d. LOCATION (City, town, or county) New Haven (State) Mo.

24. FUNERAL DIRECTOR ADDRESS L. C. Fertig & Son New Haven Mo.
25. DATE RECD. BY LOCAL REG. 3/29/60
26. REGISTRAR'S SIGNATURE F. C. Stidmann

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MAY 24 1960

JUL 15 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 Me, Student Embalmer No.

working under my personal supervision.

Student
Signature of Student Embalmer

Signed Earl C. Tilley

Licensed Embalmer No. 3385

P. O. Address New Have

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