JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-026107
STATE FILE NUMBER

FILED VS JUL 26 1960
NDED

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 204

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton
Length of stay in 1b: 4 mo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STATE HOSPITAL No. 1
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo
b. COUNTY
c. CITY OR TOWN Washington
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 114 East 2nd
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Frances Middle: Last: Nieder
4. DATE OF DEATH Month: July Day: 23 Year: 1960
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 10-16-1886
9. AGE (last birthday) 73
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME Bernard Voss
13b. MOTHER'S MAIDEN NAME Christina Kopp
14. NAME OF HUSBAND OR WIFE ?
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. unknown
17. INFORMANT STATE HOSPITAL No. 1, Fulton, Mo Address

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) Pulmonary embolism
INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
chronic brain syndrome
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 3-29-60, to 7-23-60 and last saw her ~~him~~ alive on 7-23-60
Death occurred at 2:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Fred P. Handler MD (Degree or title)
22b. ADDRESS State Hospital #1 Fulton
22c. DATE SIGNED 23 July 60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE July 26. 1960
23c. NAME OF CEMETERY OR CREMATORY St. Gertrude Cemetery
23d. LOCATION (City, town, or county) Krakow (State) Mo

24. FUNERAL DIRECTOR Wallace Funeral Home ADDRESS Fulton Mo
25. DATE RECD. BY LOCAL REG. July 23-1960
26. REGISTRAR'S SIGNATURE Marette Lawrence

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

AUG 1 1960

VS JAN 4 1961

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_____ Signed H. K. Masure

Signature of Student Embalmer

Licensed Embalmer No. 4996

P. O. Address Fulton, Mo

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.