

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-030025

FILED VS. AUG 16 1960

77

Primary Registration District No. 3016

Registrar's No. 279

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <b>COLE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>MILLER</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JEFFERSON, CITY, MO</b>		Length of stay in 1b <b>8 hrs. 35 min</b>		c. CITY OR TOWN <b>ST. ELIZABETH</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>MEMORIAL COMMUNITY HOSPITAL</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>AUGUSTA</b> Middle <b>HEDWEG</b> Last <b>NILGES</b>				4. DATE OF DEATH Month <b>AUGUST</b> Day <b>7</b> Year <b>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>10-9-1909</b>	
9. AGE (last birthday) <b>50 yrs.</b>		IF UNDER 1 YEAR Months <b>9</b> Days <b>28</b>		IF UNDER 24 HR Hours <b>_____</b> Min. <b>_____</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>ST. ELIZABETH, MO</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>			
13a. FATHER'S NAME <b>GEORGE BAX</b>			13b. MOTHER'S MAIDEN NAME <b>CHRISTINE HUGHMEYER</b>			14. NAME OF HUSBAND OR WIFE <b>HERBERT NILGES</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>Herbert Nilges</b>		Address <b>St. Elizabeth, 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>Cerebral hemorrhage</b>						INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>due to arteriosclerosis</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)						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 _____ a.m. _____ p.m.		Month, Day, Year					
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 <b>Aug 7/60</b> to <b>Aug 7/60</b> and last saw her alive on <b>Aug 7/60</b> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Clara W. Taylor</b>				22b. ADDRESS <b>Jefferson City</b>		22c. DATE SIGNED <b>8-8-60</b>	
23a. BURIAL CREATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>9 August 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>St. Elizabeth's Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Elizabeth, Mo.</b>	
24. FUNERAL DIRECTOR <b>T. C. Humphrey</b>				ADDRESS <b>St. Elizabeth, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>8 August 1960</b>	
				26. REGISTRAR'S SIGNATURE <b>R. P. Harris, MD - Richter Reg.</b>			

DOCUMENT

MEDICAL CERTIFICATION

Informant

BY AFFIDAVIT OF

MS AUG 22 1960

MS  
JUN 22 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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J. A. Humphrey

Licensed Embalmer No. 4772

P. O. Address Bozeman, Mont.

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.