

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-000359
STATE FILE NUMBER

FILED VS FEB 14 1961
Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 150

AMENDED

1. PLACE OF DEATH a. COUNTY <u>Euchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Euchanan</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>		Length of stay in 1b <u>Lifetime</u>		c. CITY OR TOWN <u>St. Joseph</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Thompson-Knepper Clinic</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>2526 Francis St.,</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Annie</u> Middle <u>Craig</u> Last <u>Niemer</u>				4. DATE OF DEATH Month <u>February</u> Day <u>7,</u> Year <u>1961</u>									
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Jan. 29, 1871</u>		9. AGE (last birthday) <u>90</u>		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) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (City and state or country) <u>Wathena, Kansas</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Obidiah Craig</u>				13b. MOTHER'S MAIDEN NAME <u>Catherine Creal</u>				14. NAME OF HUSBAND OR WIFE <u>Carl J. Niemer</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Address <u>Mathilda Wurdack, St. Joseph, Missouri</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Decompensation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) <u>Arterio Sclerosis general - Senility</u>										INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>5 yrs</u> <u>20 yrs</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Carcinoma of Urinary Bladder</u>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 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 <u>Dec 15, 1945</u> to <u>Feb 7, 1961</u> and last saw her/him alive on <u>Feb. 6, 1961</u> Death occurred at <u>5:10</u> A.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>J. G. Thompson M.D.</u> (Degree or title)				22b. ADDRESS <u>902 Edmond - St Joseph</u>				22c. DATE SIGNED <u>2/9/61</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>Feb. 10, 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Mora Cemetery</u>		23d. LOCATION (City, town, or county) <u>St. Joseph, Missouri</u>		(State)					
24. FUNERAL DIRECTOR <u>Meierhoffer-Fleeman Inc., St. Joseph, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Feb. 10, 1961</u>		26. REGISTRAR'S SIGNATURE <u>Mr. Clark Handell</u>							

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 H
 INSTEAD OF
 DOCUMENT
 CERTIFICATION
 F. G. Thompson (M.D.)
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

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 *Eric J. Cherry*

Licensed Embalmer No. 4679

P. O. Address St. Joseph Mo.

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.