

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-002323

FILED VS JAN 17 1961

Registration District No. 231 Primary Registration District No. 5808 Registrar's No. 2

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Montgomery</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Warren</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bear Creek Township</b>		Length of stay in 1b <b>6 Months</b>		c. CITY OR TOWN <b>Wright City Mo</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Jonesburg Nursing Home</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Henry</b> Middle <b>F. W</b> Last <b>Nistendirk</b>				4. DATE OF DEATH Month <b>1-13-1961</b> Day <b>13</b> Year <b>1961</b>				
5. SEX <b>Male</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>5-17-1877</b>	9. AGE (last birthday) <b>83</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>26</b>	IF UNDER 24 HR Hours <b>26</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Warren Co</b>	12. CITIZEN OF WHAT COUNTRY <b>U S</b>		
13a. FATHER'S NAME <b>Henry Nistendirk</b>			13b. MOTHER'S MAIDEN NAME <b>Elizabeth Zellneier</b>			14. NAME OF HUSBAND OR WIFE <b>Ida Nistendirk</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 Address <b>Franklin Nistendirk Jonesburg, 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>Metastatic Carcinoma Of Bone and Abdominal Viscera</b>						INTERVAL BETWEEN ONSET AND DEATH <b>4 months</b>		
DUE TO (b) <b>Prostatic Carcinoma</b>						4 years		
DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Arteriosclerotic Heart Disease, Generalized Arteriosclerosis, Senility</b>						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 <b>11:20</b> Month, Day, Year <b>Dec. 8, 1960</b>		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 <b>Wright City, Mo</b>		COUNTY		STATE		
21. I attended the deceased from <b>Dec. 8, 1960</b> to <b>Jan. 13, 1961</b> and last saw her/him alive on <b>Jan. 12, 1961</b> Death occurred at <b>11:20</b> <b>A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>C. H. Thompson DO</b>				22b. ADDRESS <b>New Florence Mo</b>		22c. DATE SIGNED <b>1-14-61</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>1-15-1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Wright City Cemetery</b>		23d. LOCATION (City, town, or county) <b>Wright City, Mo</b>		(State)	
24. FUNERAL DIRECTOR <b>Julius K Nieburg Wright City, Mo</b>				25. DATE RECD. BY LOCAL REG. <b>Jan. 14-1961</b>		26. REGISTRAR'S SIGNATURE <b>Laura B. Callaway.</b>		

**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 Julius K. Milby

Licensed Embalmer No. 3386

P. O. Address Wright City, 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.