

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004205

FILED VS FEB 14 1961

STATE FILE NUMBER

AMENDED ✓

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 376

|  |   |   |  |   |  |  |   |
|--|---|---|--|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>ST. LOUIS</u>  |   |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>CALIFORNIA</u> b. COUNTY <u>ORANGE</u> |  |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>JEFFERSON BARRACKS, MO.</u>  |   | Length of stay in 1b<br><u>928 DAYS</u>   |  | c. CITY OR TOWN<br><u>PLACENTIA</u>   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><u>VETERANS ADM. HOSPITAL</u>  |   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   | d. STREET ADDRESS (If outside, give location)<br><u>138 RUBY DRIVE</u>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <u>BERNHARD</u> Middle _____ Last <u>NESHEIM</u>  |   |   |  | 4. DATE OF DEATH<br>Month <u>2</u> Day <u>5</u> Year <u>1961</u>  |  |  |   |
| 5. SEX<br><u>MALE</u>  | 6. COLOR OR RACE<br><u>WHITE</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><u>6-21-90</u>  | 9. AGE (last birthday)<br><u>70 YRS</u>  | IF UNDER 1 YEAR<br>Months _____ Days _____   | IF UNDER 24 HR<br>Hours _____ Min. _____  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  |   | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (City and state or country)<br><u>NORBO, NORWAY</u>  |  | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>  |   |
| 13a. FATHER'S NAME   |   |   | 13b. MOTHER'S MAIDEN NAME  |   |  | 14. NAME OF HUSBAND OR WIFE<br><u>INGEBROG NESHEIM</u>                               |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>YES WW-1</u>  |   |   | 16. SOCIAL SECURITY NO.  |   | 17. INFORMANT<br><u>INGEBROG NESHEIM 138 RUBY DRIVE, PLACENTIA, CALIF.</u>   |  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>PULMONARY TUBERCULOSIS</u>  |   |   |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>14 YEARS</u>                                  |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last:<br>DUE TO (b) _____<br>DUE TO (c) _____   |   |   |  |   |  |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>PULMONARY EMPHYSEMA</u>  |   |   |  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input 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<br>Hour _____ a.m. _____ p.m.<br>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. VA attended the deceased from <u>7-23-58</u> to <u>2-5-61</u> and last saw him <u>XXXXXXX</u><br>Death occurred at <u>2:45 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |   |  |  |   |
| 22a. SIGNATURE<br><u>James S. Nelson M.D.</u> (Degree or title)  |   |   |  | 22b. ADDRESS<br><u>VAH. JEFF BRKS., 25, MO.</u>   |  | 22c. DATE SIGNED<br><u>2-6-61</u>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>   |   | 23b. DATE<br><u>2-8-61</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>NATIONAL CEM</u>                            |   | 23d. LOCATION (City, town, or county) (State)<br><u>JEFF BRKS MO</u>   |  |   |
| 24. FUNERAL DIRECTOR<br><u>EDWARD FENDLER 5611 S. GRAND</u> ADDRESS  |   |   | 25. DATE RECD. BY LOCAL REG.<br><u>2-6-61</u>  |   | 26. REGISTRAR'S SIGNATURE<br><u>John C. Murphy M.D.</u>  |  |   |

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 *V. E. Morris*

Licensed Embalmer No. 3360

P. O. Address St Louis 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.