

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007717

DEPARTMENT OF PUBLIC HEALTH AND WELFARE 042

1000 258

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

DATE AMENDED
INSTEAD OF
DOCUMENT
BY AFFIDAVIT OF
SHOULD READ
ITEM NO.

FILED MAR 20 1961

1. PLACE OF DEATH: Buchanan, St. Joseph, Mo. 2. USUAL RESIDENCE: Missouri, Buchanan, St. Joseph, Mo. 3. NAME OF DECEASED: Bernard W. Niedorp. 4. DATE OF DEATH: March 8, 1961. 5. SEX: Male. 6. COLOR OR RACE: White. 7. Married: Never Married. 8. DATE OF BIRTH: Feb. 26, 1895. 9. AGE: 66. 10. USUAL OCCUPATION: Salesman. 11. BIRTHPLACE: St. Joseph, Mo. 12. CITIZEN OF WHAT COUNTRY: USA. 13a. FATHER'S NAME: Benjamin F. Niedorp. 13b. MOTHER'S MAIDEN NAME: Viola Marie Gieger. 14. NAME OF HUSBAND OR WIFE: -----. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes. 17. INFORMANT: Ben. F. Niedorp, St. Joseph, Mo. 18. CAUSE OF DEATH: Coronary Occlusion, Coronary Sclerosis, Arteriosclerosis general. 19. WAS AUTOPSY PERFORMED? YES. 20a. ACCIDENT: No. 20b. DESCRIBE HOW INJURY OCCURRED. 20c. TIME OF INJURY. 20d. INJURY OCCURRED WHILE AT WORK? No. 20e. PLACE OF INJURY. 20f. CITY, TOWN, OR LOCATION: St. Joseph, Mo. 21. I attended the deceased from 1930 to and last saw her alive on Oct 21, 1960. Death occurred at About 3 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. 22a. SIGNATURE: B. Fleeman, M.D. 22b. ADDRESS: St. Joseph, Mo. 22c. DATE SIGNED: 3-10-61. 23a. BURIAL, CREMATION, REMOVAL (Specify): Burial. 23b. DATE: Mar. 10, 1961. 23c. NAME OF CEMETERY OR CREMATORY: Mt. Mora Cemetery. 23d. LOCATION (City, town, or county) (State): St. Joseph, Missouri. 24. FUNERAL DIRECTOR: Meierhoffer-Fleeman, Inc., St. Joseph, Mo. 25. DATE RECD. BY LOCAL REG.: Mar. 13, 1961. 26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell.

MAR 21 1967

**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 Edward R. Harrington

Licensed Embalmer No. 3258

P. O. Address H. Joseph

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.