

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-017041

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 119 Primary Registration District No. 4193 Registrar's No. 27

AMENDED

FILED JUN 5 1961

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Gasconade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hermann	Length of stay in 1b 60 yrs	c. CITY OR TOWN Hermann	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 219 W. 6th St		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 219 W. 6th St
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Frank Middle Herman Last Neumann	4. DATE OF DEATH Month May Day 27 Year 1961
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5. SEX Male	6. COLOR OR RACE Cau.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/11/1878	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant	10b. KIND OF BUSINESS OR INDUSTRY Produce	11. BIRTHPLACE (City and state or country) Little Berger, Mo	12. CITIZEN OF WHAT COUNTRY US
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13a. FATHER'S NAME Peter Neumann	13b. MOTHER'S MAIDEN NAME Caroline Hatt	14. NAME OF HUSBAND OR WIFE Mary Ann Neumann
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Mary Ann Neumann, Hermann, Mo	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) TRANSITIONAL CELL CARCINOMA of BLADDER		INTERVAL BETWEEN ONSET AND DEATH 16 MOS.
DUE TO (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.)
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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 _____
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21. I attended the deceased from 2-26-60 to 5-27-61 and last saw her/him alive on 5-22-61 Death occurred at 8:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) George M. Workman MD.	22b. ADDRESS HERMANN MO	22c. DATE SIGNED 5-29-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/30/1961	23c. NAME OF CEMETERY OR CREMATORY St. George Cemetery	23d. LOCATION (City, town, or county) Hermann Mo
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24. FUNERAL DIRECTOR HERMAN BLUMER INC	ADDRESS Hermann, Mo	25. DATE RECD. BY LOCAL REG. 5-29-61	26. REGISTRAR'S SIGNATURE Delusa Uffelman
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

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 *Herbert C. Bremer*

Licensed Embalmer No. 3160

P. O. Address Herreman

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.