

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026200

STATE FILE NUMBER

AMENDED

Registration District No. 274

Primary Registration District No. —

Registrar's No. 250

FILED AUG 14 1961

1. PLACE OF DEATH

a. COUNTY

Pettis County

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Smithton

Length of stay in 1b

52 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Pettis

c. CITY

OR TOWN

Smithton

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

Walnut Avenue

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Clara

Caroline

Neumeyer

4. DATE OF DEATH

Month

Day

Year

August-3-1961

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

1-19-1889

72 years

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife & Part Church

10b. KIND OF BUSINESS OR INDUSTRY

Funeral Home

11. BIRTHPLACE (City and state or country)

Waverly - Iowa

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Wm Naerman

13b. MOTHER'S MAIDEN NAME

Louise Linow

14. NAME OF HUSBAND OR WIFE

A. F. Neumeyer Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

None

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Audrey F. Neumeyer

Address

Smithton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of Uterus - advanced 9 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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)

Anemia, Arteriosclerotic Heart disease

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

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.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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

Jan. 1961

to Aug. 3, 1961

and last saw her alive on Aug. 3, 1961

Death occurred at

3:00

P. M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

Albert J. Campbell

M.D.

22b. ADDRESS

312 1/2 So. Ohio, Sedalia, Mo.

22c. DATE SIGNED

8-6-61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Aug -6-1961

23c. NAME OF CEMETERY OR CREMATORY

Smithton Cemetery

23d. LOCATION (City, town, or county)

Smithton Pettis Mo

24. FUNERAL DIRECTOR

Neumeyer Funeral Home

Smithton Mo.

25. DATE RECD. BY LOCAL REG.

8-6-1961

26. REGISTRAR'S SIGNATURE

Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

MS AUG 1 1968

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 Clifford Gouge

Licensed Embalmer No. 5014

P. O. Address Windsor, 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.