

# SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040557

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 93 Primary Registration District No. \_\_\_\_\_ Registrar's No. 61-91

FILED NOV 28 1961

1. PLACE OF DEATH a. COUNTY <u>Dade</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Dade</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marion TWP</u>		Length of stay in 1b <u>      </u> yrs	c. CITY OR TOWN <u>Lockwood Mo rt</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5mi W. 3mi w Lockwood Mo</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>5mi W 3mi N Lockwood Mo</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>John August Neuman</u>			4. DATE OF DEATH Month <u>Nov</u> Day <u>15</u> Year <u>1961</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH. <u>April 24 1904</u>	9. AGE (last birthday) <u>57</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>21</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Framer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Dade Co Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>usa</u>
13a. FATHER'S NAME <u>Fredrick Wm Neuman</u>		13b. MOTHER'S MAIDEN NAME <u>Willema Kollmeyer</u>		14. NAME OF HUSBAND OR WIFE <u>Emme Neuman 7009 Kingsbury blvd St Louis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>      </u>		17. INFORMANT <u>Emme Neuman 7009 Kingsbury blvd St Louis</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
DUE TO (b) Deep cut R. leg + cheek, R. fore head. + R. Lower leg.  
DUE TO (c) Jagged wounds, Loss of Blood.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
Wounds caused by falling on Rocks, or by animal

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>possibly tripped by animals + fell.</u>
20c. TIME OF INJURY <u>4:00 p.m.</u>	Month, Day, Year <u>11-15-61</u>	<u>Wounded fore quarter in field, with Hogs + cattle - had been trampled by both</u>

20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>Farm</u>	20f. CITY, TOWN, OR LOCATION <u>Lockwood, 5w. 3n. Dade Mo</u>
21. I attended the deceased from <u>after death 9:30 p.m. 11-16-61</u> and last saw her/him alive on <u>      </u> Death occurred at <u>4:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <u>W.R. Allison Coroner</u>		22b. ADDRESS <u>Greenfield Mo</u>	22c. DATE SIGNED <u>11-17-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov 20 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lutheran</u>	23d. LOCATION (City, town, or county) <u>Lockwood Mo</u>
24. FUNERAL DIRECTOR <u>Allison Funeral Home Greenfield Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11/22/1961</u>	26. REGISTRAR'S SIGNATURE <u>J. C. Canada</u>

DATE AWARDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

**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 W.P. Allison

Licensed Embalmer No. 4404

P. O. Address Greenfield

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.