

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011692

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 52

FILED APR 10 1962

VS 300
Rev. 4/59

10515

28540-

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95615

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF)

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg		Length of stay in 1b	c. CITY OR TOWN Higginsville Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Warrensburg Med. Center, Inc.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route 1 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Daniel Middle Last Neimeier		4. DATE OF DEATH Month April Day 3 Year 1962	
5. SEX Male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-22-89 9. AGE (last birthday) 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Higginsville, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME Chris Neimeier		13b. MOTHER'S MAIDEN NAME Mary Eggers	14. NAME OF HUSBAND OR WIFE --
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT Minnie Iiles, Warrensburg, Missouri Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral Bronchopneumonia from Aspiration of Vomitus INTERVAL BETWEEN ONSET AND DEATH 16 hrs Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) Anesthesia + Operation for Strangulated Hernia 16 hrs			
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.)	
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
21. I attended the deceased from 4-2-1962 to 4-3-1962 and last saw him alive on 4-3-1962 Death occurred at 10:40 A. M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. Lee Cooper MD (Degree or title)		22b. ADDRESS Warrensburg, Mo.	22c. DATE SIGNED 4-3-1962
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-5-62	23c. NAME OF CEMETERY OR CREMATORY Evangelical Cemetery	23d. LOCATION (City, town, or county) (State) Higginsville, Missouri
24. FUNERAL DIRECTOR Wieggers-Riekhof ADDRESS Higginsville, Mo.		DATE RECD. BY LOCAL REG. Apr 3, 1962	REGISTRAR'S SIGNATURE Savannah Hutchfield

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 Roy F. Wagner

Licensed Embalmer No. 2883

P. O. Address Keokuk, Iowa

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.