

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-031458
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
AMENDED

Registration District No. 146 Primary Registration District No. 9026 Registrar's No. 418

FILED SEP 11 1962

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence Length of stay in 1b
c. CITY OR TOWN Independence Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No
1303 Crane

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Raymond Wallace Neidholdt August 30, 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 8-28-62 9. AGE (last birthday) -0- IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min. 2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT 10b. KIND OF BUSINESS OR INDUSTRY INFANT 11. BIRTHPLACE (City and state or country) Independence, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Carl Wallace Neidholdt 13b. MOTHER'S MAIDEN NAME Bonnie Joan Knight 14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO 16. SOCIAL SECURITY NO. NONE 17. INFORMANT Bonnie J. Neidholdt Address 1303 S. Crane

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Premature birth, neonatal death INTERVAL BETWEEN ONSET AND DEATH 2 days
DUE TO (b) maternal diabetes & pr-eclampsia
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.
 Yes No Unknown

19. 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. p.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 8/28/62 to 8/30/62 and last saw him alive on 8/30/62
Death occurred at 12:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS 1612 W. TRUHAN Independence, Mo 22c. DATE SIGNED 8/30/62

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE 8-30-62 23c. NAME OF CEMETERY OR CREMATORY BENNETT CEMETERY 23d. LOCATION (City, town, or county) (State) KEYTESVILLE, MISSOURI

24. FUNERAL DIRECTOR ADDRESS GARNETT FUNERAL HOME, KEYTESVILLE, MO. 25. DATE RECD. BY LOCAL REG. 8-30-62 26. REGISTRAR'S SIGNATURE Alta J. Craig

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DATE AMENDED
INSTEAD OF
DOCUMENT
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
SHOULD READ
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 Not Embalmed _____

Licensed Embalmer No. _____

P. O. Address _____

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.