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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2134

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly
c. LENGTH OF STAY (in this place): 8 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Smiley Home for Aged

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Chariton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Brunswick 0210 1
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Phillip
b. (Middle):
c. (Last): Neidholdt

4. DATE OF DEATH (Month) (Day) (Year): Jan 28 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 22 1870
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 4 Days 6 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Frederick Neidholdt
13b. MOTHER'S MAIDEN NAME: Matilda Bender
14. NAME OF HUSBAND OR WIFE: Sophia Brockman
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'S SIGNATURE OR NAME: Eugene Neidholdt — ADDRESS: Brunswick

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

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chr Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio Sclerosis
DUE TO (c): 4221

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Ac Nephritis — 1 wk

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 15, 1950, *to* Jan 28, 1950, *that I last saw the deceased alive on* Jan 27, 1950, *and that death occurred at* 6:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: H C Griffiths MD (Degree or title)
23b. ADDRESS: Moberly Mo
23c. DATE SIGNED: 1-28-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 30-50
24c. NAME OF CEMETERY OR CREMATORY: City Cemetery
24d. LOCATION (City, town, or county) (State): Brunswick Mo

DATE REC'D BY LOCAL REG.: 1-30-50
REGISTRAR'S SIGNATURE: Jacob Williams Jones 269
25. FUNERAL DIRECTOR'S SIGNATURE: John H. Meyer — ADDRESS: Brunswick Mo

(Licensed Embalmer's Statement on Reverse Side)

FEB 7

RECEIVED

District Health Officer No

District File Number

Date Filed FEB 7 19

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.

Signed

Signed

Student Embalmer

Licensed Embalmer No. 3979

P. O. Address

Note: - The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.