

FILED JUL 19 1950

STANDARD CERTIFICATE OF DEATH

State File No. 23218

No. 300  
10.48

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 5434 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY OR TOWN <u>Rural</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Gray Summit 0360</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 1/2 mile south Washington Highway 47</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED a. (First) <u>GEORGE</u> b. (Middle) <u>LOUIE</u> c. (Last) <u>NIE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 9 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>2-15-1931</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Press Brake Operator</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Steel Mill</u>	9. AGE (In years last birthday) (Month) (Day) (Min.) <u>19 4 24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Salem, Missouri</u>
13a. FATHER'S NAME <u>Michel B. Nie</u>		13b. MOTHER'S MAIDEN NAME <u>Phelma Irene Walker</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
14. NAME OF HUSBAND OR WIFE <u>None</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>500-28-8676</u>		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Mrs. Michel Nie Gray Summit, Mo.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Auto Accident</u>			9. 52 1 3 1/2
ANTECEDENT CAUSES DUE TO (b) <u>Crank Chest</u>			
DUE TO (c) <u>Lost control on curve</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Highway 47 3 1/2 mile so Washington Mo.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>H. John's Township Franklin Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7 9 1950 10:30</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Lost control on curve - No other car involved</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:30 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Phos. P. Soffen</u> (Degree or title)		23b. ADDRESS <u>Sullivan mo</u>	23c. DATE SIGNED <u>7/10/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-12-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brown Creek Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Highway 66 Bate Township Mo.</u>
DATE REC'D BY LOCAL REG. <u>7-11-50</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter B. Howard</u> ADDRESS <u>Home by Mill with brick Washington Mo.</u>	

~~District File Number 200-1-1001~~  
District Health Officer No. 9  
RECEIVED 2-11-52

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

*W. W. Willubink*

Signed.....  
Student Embalmer

Licensed Embalmer No. *7511*

P. O. Address

*Washington Missouri*

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