

FILED MAR 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7441

BIRTH NO.		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 260
1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 50 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 017
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Methodist Hosp.		d. STREET ADDRESS (If rural, give location) 917 South 20th St. 0		
3. NAME OF DECEASED (Type or Print) a. (First) Sylvester b. (Middle) c. (Last) Neidig			4. DATE OF DEATH (Month) (Day) (Year) Mar. 2, 1952	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Mar. 19, 1862	9. AGE (In years last birthday) 89 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired (20) Barber		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Bourban Indiana /	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Jerimah Neidig		13b. MOTHER'S MAIDEN NAME Mahilla Bass	14. NAME OF HUSBAND OR WIFE Nellie	
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ora Neidig 917 So. 20th	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Due to - Arteriosclerotic Heart Disease DUE TO (b) Hypertension, long Standing Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Secondary Anemia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4200		INTERVAL BETWEEN ONSET AND DEATH 15 min. Unknown Unknown 3 Mo.
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)		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from 2-7-19 10 to 3-2-1952, that I last saw the deceased alive on 2-10, 19 52, and that death occurred at 1:15 p.m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Dewey Steing M.D.		23b. ADDRESS Tootle Building St. Joseph, Missouri	23c. DATE SIGNED 3-3-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-6-52	24c. NAME OF CEMETERY OR CREMATORY Plattsburg Cemetery	24d. LOCATION (City, town, or county) (State) Plattsburg, Mo.
DATE REC'D BY LOCAL REG. MARCH 8, 1952		REGISTRAR'S SIGNATURE Carl C. Casper 446	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman J. Sidenfaden 1802 Union St.	

(Licensed Embalmer's Statement on Reverse Side)

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

117
0

017
0

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

Robert D. Gable

Signed.....

Student Embalmer

Licensed Embalmer No. 3308

P. O. Address St. Joseph, Mo.

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.