

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41531**

S. No. 300
V. 10.48

FILED DEC 23 1952

BIRTH NO. _____ REG. DIST. NO. **34** PRIMARY REG. DIST. NO. **5117** Registrar's No. **20**

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| 1. PLACE OF DEATH a. COUNTY Boone | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone | |
| b. CITY (If outside corporate limits, write RURAL and give township) Cedar | | c. LENGTH OF STAY (In this place) | |
| c. CITY (If outside corporate limits, write RURAL and give township) Rural- | | d. STREET ADDRESS (If rural, give location) R.R.#1, Hartsburg, Missouri | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION P.R.#1 Hartsburg Mo. | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Lorenz b. (Middle) _____ c. (Last) Nieghorn | | | 4. DATE OF DEATH (Month) (Day) (Year) Dec 12 1952 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Oct-18-1879 | 9. AGE (In years last birthday) 73 | IF UNDER 1 YEAR Months _____ Days _____ |
| 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 Foreign Country) Cole County, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |

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| 13a. FATHER'S NAME John Nieghorn | 13b. MOTHER'S MAIDEN NAME Mathilda Eggers | 14. NAME OF HUSBAND OR WIFE Emma Loesch Nieghorn |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Mrs. C.W. Wagner ADDRESS Jefferson City, Mo |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burning | | INTERVAL BETWEEN ONSET AND DEATH shot. |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) "Suicide Agreement" (Corner July) | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E979X | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home on farm | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Cedar Township Boone Mo |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12 12 52 11Pm. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? not shown |

22. I hereby certify that I attended the deceased from **12/13**, 19**52**, to _____, 19____, that I last saw the deceased alive on **12/12**, 19**52**, and that death occurred at **1:10** p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Henry H Sweet Jr MD Coroner | 23b. ADDRESS 909 University Columbia | 23c. DATE SIGNED 12/16/52 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Dec-16-52 | 24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery |
| 24d. LOCATION (City, town, or county) (State) Jefferson City, Mo. | | |

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| DATE REC'D BY LOCAL REG. 12/16/52 | REGISTRAR'S SIGNATURE Mrs Mildred Burnett | 25. FUNERAL DIRECTOR'S SIGNATURE W. R. Gordon ADDRESS Jefferson City, Mo |
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(Licensed Embalmer's Statement on Reverse Side)

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

0100

AUG 29 1955

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 _____

No Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed *Ray J. Ford*

Licensed Embalmer No. *1786*

P. O. Address *Jefferson City 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.