

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

6646

No. 300
10.48

BIRTH NO. LED MAR 10 REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 5599 Registrar's No. 43

0510

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

1. PLACE OF DEATH a. COUNTY <u>Johnson,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u> c. CITY OR TOWN <u>Rural, Warrensburg,</u> c. LENGTH OF STAY (In this place) <u>20 yrs</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hazel Hill T.S.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Hazel Hill, Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence,</u>		d. STREET ADDRESS (If rural, give location) <u>Rural, R.R. #4, Warrensburg</u>	

3. NAME OF DECEASED (Type or Print) <u>Lillie Florence Nieman,</u>			4. DATE OF DEATH <u>Feb. 21, 1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 2, 1880</u>		9. AGE (In years last birthday) <u>73</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife,</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home,</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Denton, Texas,</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

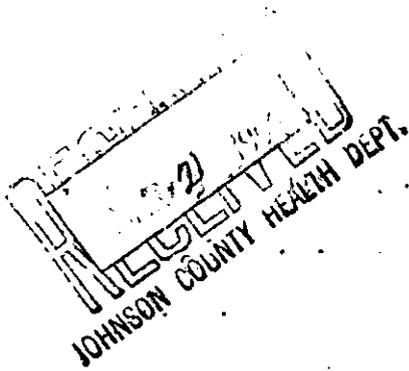
13a. FATHER'S NAME <u>Thomas Theodore Tress,</u>		13b. MOTHER'S MAIDEN NAME <u>Mollie (Unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>Mr. Louis Nieman,</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Louis Nieman, Warrensburg, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary insufficiency</u>		ANTECEDENT CAUSES			<u>1 week</u>
DUE TO (b) <u>Arteriosclerosis & Hypertension</u>		DUE TO (c) <u>Heart disease</u>			<u>1 yr</u>
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			<u>4-2-55</u>

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) (Min.)		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 Dec 1951, to 2-21, 1953, that I last saw the deceased alive on 2-20, 1953, and that death occurred at 6 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Chae Cooper</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Warrensburg, Mo.</u>		23c. DATE SIGNED <u>2-21-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial,</u>		24b. DATE <u>2-23, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Moriah Cemetery, Kansas City, Missouri.</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <u>R.A. Brauninger, Warrensburg, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Feb. 28, 1953</u>		REGISTRAR'S SIGNATURE <u>Saverio...</u>		ADDRESS	



FEB 13 1959

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
Student Embalmer

Signed WPA Bransinger

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.