.300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32629

State File No.

FILED SEP 18 1953

BIRTH NO. REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 105

1. PLACE OF DEATH
a. COUNTY: Pike
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Louisiana
c. LENGTH OF STAY (in this place): 2 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pike County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pike
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bowling Green 0820
d. STREET ADDRESS (If rural, give location): RFD 2 0

3. NAME OF DECEASED (Type or Print)
a. (First): Martin
b. (Middle): --
c. (Last): Niemeyer

4. DATE OF DEATH (Month) (Day) (Year): Sept. 9 1953

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Wid
8. DATE OF BIRTH: 1-28-1875
9. AGE (In years last birthday): 78 — If under 1 year: Months 7, Days 11 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Hanover, Germany 4
12. CITIZEN OF WHAT COUNTRY?: US
13a. FATHER'S NAME: Henry Niemeyer
13b. MOTHER'S MAIDEN NAME: Anna Kaehlbrink
14. NAME OF HUSBAND OR WIFE: -
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: Mary Niemeyer — ADDRESS: Bowling Green, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerotic Cardiovascular Renal Disease — 15+ yrs
~~DUE TO (c)~~

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Fracture of lower 3rd of left femur

19a. DATE OF OPERATION: 9-9-53
19b. MAJOR FINDINGS OF OPERATION: Fracture of lower 3rd of left femur
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm
21c. CITY, TOWN, OR TOWNSHIP: Bowling Green — COUNTY: Pike 082 — STATE: Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8-29-53 m.
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Patient fell

22. *I hereby certify that I attended the deceased from* 8-29, 1953, *to* 9-9, 1953 *that I last saw the deceased alive on* 9-9, 1953, *and that death occurred at* 10:10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chas. H. Lundlin MD
23b. ADDRESS: Louisiana Mo.
23c. DATE SIGNED: 9/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 12, 1953
24c. NAME OF CEMETERY OR CREMATORY: St. Clement Cem.
24d. LOCATION (City, town, or county) (State): St. Clement, Mo.

DATE REC'D BY LOCAL REG.: Sept 12/1953
REGISTRAR'S SIGNATURE: Bernice Callero 374
25. FUNERAL DIRECTOR'S SIGNATURE: J. C. Hudd
ADDRESS: Bowling Green, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 _____
Student Embalmer

Signed James C. Mudd

Licensed Embalmer No. 4152

P. O. Address Bowling Green, Ke

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

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