

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **601**

FILED JAN 12 1954

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 4

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. CITY <u>Flay</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u> | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Excelsior Springs</u> | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Fameron Mo</u> | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) <u>0257</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mitchell Clinic</u> | | | |

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|---|-----------------------------|---|---|--|--|
| 3. NAME OF DECEASED (Type or Print) <u>Eliza</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>1-5-54</u> | | |
| (First) | (Middle) <u>Niederhauer</u> | | (Last) | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Feb 2 1881</u> | 9. AGE (In years last birthday) <u>72</u> | 10. IF UNDER 1 YEAR: Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) <u>house wife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>house wife</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Tamora</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

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|---|--|--|--|--|--|
| 13a. FATHER'S NAME <u>James R. Gallan</u> | | 13b. MOTHER'S MAIDEN NAME <u>Eliza Jane Gallan</u> | | NAME OF HUSBAND OR WIFE <u>Robert Christ Niederhauer</u> | |
| 14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>no</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Robert Brandt</u> | |
| | | | | ADDRESS _____ | |

| | | | | |
|---|---|--|--|----------------------------------|
| 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 | | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Pneumonia</u> | | | <u>2 days</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Failure</u> DUE TO (c) <u>Far advanced Carcinoma uteri 10 yrs. in terminal stages metastatic</u> | | | <u>4 months</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | |

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|---|--|---|--|---|
| 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 9-1, 1953, to 1-5, 1954, that I last saw the deceased alive on 1-5-54, 1954, and that death occurred at 11:37 A.M., from the causes and on the date stated above.

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|--|---|--|--|--------------------------------|
| 23a. SIGNATURE (Degree or title) <u>C. F. Lambert D.O.</u> | | 23b. ADDRESS <u>Mitchell Clinic & Hospital</u> | | 23c. DATE SIGNED <u>1-5-54</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>1-5-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Excelsior Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Marysville Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>1/6/54</u> | REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert H. Cloud</u> ADDRESS <u>Cameron</u> | | |

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

0.300
0.48

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 Robert C Poland

Licensed Embalmer No. 4777

P. O. Address Emerson Ave

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.