

No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8153**

FILED MAR 23 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4159 Registrar's No. 25

1. PLACE OF DEATH  
a. COUNTY Daviess  
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Pattonsburg, Mo. c. LENGTH OF STAY (In this place) 65 yrs  
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Daviess  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pattonsburg, Mo. d. STREET ADDRESS (If rural, give location) \_\_\_\_\_

0310

3. NAME OF DECEASED (Type or Print)  
a. (First) Roy b. (Middle) Elvis c. (Last) Ninemires

4. DATE OF DEATH (Month) (Day) (Year)  
3-15-54

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced

8. DATE OF BIRTH 4-8, 1882

9. AGE (In years last birthday) 71 IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HRS: Hours \_\_\_\_\_ Mins. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) retired

10b. KIND OF BUSINESS OR INDUSTRY Laborer

11. BIRTHPLACE (State or foreign country) Pattonsburg, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Samuel Ninemires

13b. MOTHER'S MAIDEN NAME Mary Gorman

14. NAME OF HUSBAND OR WIFE Jossie Brennen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) \_\_\_\_\_

16. SOCIAL SECURITY NO. 484-03-6488

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Iee Roy Ninemires, Pattonsburg, Mo.

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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* Congestive heart failure  
INTERVAL BETWEEN ONSET AND DEATH 6 mo.  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. 4341

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 3/15, 1954, to 3/15/54, that I last saw the deceased alive on 3/15, 1954, and that death occurred at 2:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) P. J. Baumgardner, M.D.

23b. ADDRESS Pattonsburg, Mo.

23c. DATE SIGNED 3/15/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 3-17-54

24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery

24d. LOCATION (City, town, or county) (State) Pattonsburg, Mo.

DATE REC'D BY LOCAL REG. 18 March 1954

REGISTRAR'S SIGNATURE Virginia M. Englebert

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Pattonsburg, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 17 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

*Louis Sweet*

Licensed Embalmer No. *4096*

P. O. Address *Paterson, N.J.*

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.