

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

9242

State File No.

BIRTH DEED APR 6 1954 REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 3034 Registrar's No. 85

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution).	
a. COUNTY <u>Lafayette</u>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higginville</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Lafayette</u>
c. LENGTH OF STAY (in this place) <u>6 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higginville</u> <u>0541</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>111 Broadway</u>		d. STREET ADDRESS (If rural, give location) <u>111 Broadway</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>August</u>	b. (Middle) <u>H.</u>	c. (Last) <u>Niemeyer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 22 1954</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 11, 1873</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Franklin County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Adolph A. Wachter</u>	13b. MOTHER'S MAIDEN NAME <u>Friedericke Filius</u>	14. NAME OF HUSBAND OR WIFE <u>Augusta Dorothy Niemeyer</u>
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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>Mrs. Carl Nolte, Higginville, Mo.</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Delayed 4 days</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive heart failure</u>		<u>Swk</u>
	DUE TO (c) <u>Arteriosclerotic Heart Disease</u>		<u>Several</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic Gangliopathy</u> <u>3 1/2</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4/200</u>	20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from March 10, 1953, to March 22, 1954, that I last saw the deceased alive on March 21, 1954, and that death occurred at 7:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Walter E. Fulkerson M.D.</u>	23b. ADDRESS <u>Higginville Mo. 3-24-54</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>3/26/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evangelical & Reform</u>	24d. LOCATION (City, town, or county) (State) <u>Higginville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>March 29-54</u>	REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u> <u>154-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. H. Hader</u>	ADDRESS <u>Higginville, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 _____

Forest Ruckhaf

Licensed Embalmer No. *4284*

P. O. Address *Hygumville 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.