

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14710**

BIRTH NO. FILED APR 30 1954 **REG. DIST. NO.** 362 **PRIMARY REG. DIST. NO.** 4531 **Registrar's No.** 28

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, write RURAL and give township) Warrenton, Mo.		c. CITY OR TOWN Hermann	
d. FULL NAME OF HOSPITAL OR INSTITUTION Water Jane Home		e. STREET ADDRESS (If rural, give location) 0.371	
3. NAME OF DECEASED (Type or Print) Mary Neuman		4. DATE OF DEATH (Month) (Day) (Year) April 27, 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 11, 1864
9. AGE (In years last birthday) 89		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Hermann, Mo.
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Kirchner		13b. MOTHER'S MAIDEN NAME Mary Ann Vogel	
14. NAME OF HUSBAND OR WIFE Mike Neumann Jr.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Arthur Neuman	
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.		19. ADDRESS Hermann, Mo.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia bacterial Hypotonic		INTERVAL BETWEEN ONSET AND DEATH 1 day	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Chronic Myocarditis -		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
DUE TO (b) Myocarditis		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
DUE TO (c) Myocarditis		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General debility		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Dec 24, 1952, to April 27, 1954, that I last saw the deceased alive on April 27, 1954, and that death occurred at 5:10 p.m., from the causes and on the date stated above.	
23a. SIGNATURE (Deaths or title) Lloyd Logan		23b. ADDRESS Hermann, Mo.	
23c. DATE SIGNED 4-29-54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Apr. 30/1954		24c. NAME OF CEMETERY OR CREMATORY St. George	
24d. LOCATION (City, town, or county) (State) Hermann, Mo.		25. GENERAL DIRECTOR'S SIGNATURE Lloyd Logan	
DATE REC'D BY LOCAL REG. 4-29-54		REGISTRAR'S SIGNATURE Lloyd Logan	
25. GENERAL DIRECTOR'S SIGNATURE Lloyd Logan		ADDRESS Hermann, Mo.	

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

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
Signature of Student Embalmer

Signed *A. Ruediger*

Licensed Embalmer No. *207*

P. O. Address *Herman*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.