

FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26640

BIRTH NO.		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 216			
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Miller					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. LENGTH OF STAY (In this place) 1 day		c. CITY OR TOWN St. Elizabeth		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital				e. STREET ADDRESS (If rural, give location) Rural Jim Henry Twp					
3. NAME OF DECEASED (Type or Print) a. (First) Ben b. (Middle) Henry c. (Last) Nilges			4. DATE OF DEATH (Month) (Day) (Year) Aug. 10, 1954						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 19, 1880			
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Osage Co. Mo.			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Joseph Nilges		13b. MOTHER'S MAIDEN NAME Teresa Hake		14. NAME OF HUSBAND OR WIFE Anna Kirkweg Nilges			
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. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Herbert Nilges St. Elizabeth, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardiac disorder used a arteriosclerosis DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Distilled alcohol 15 year				INTERVAL BETWEEN ONSET AND DEATH 15 year	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443 X				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) m.		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 <u>June, 1954</u> , to <u>Aug 10, 1954</u> , that I last saw the deceased alive on <u>Aug 10, 1954</u> , and that death occurred at <u>9:00 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Cecilia O'Sayler M.D. Jefferson City, Mo.				23b. ADDRESS		23c. DATE SIGNED 8-10-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/13/54		24c. NAME OF CEMETERY OR CREMATORY St. Lawrence		24d. LOCATION (City, town, or county) (State) St. Elizabeth, Mo.			
DATE REC'D BY LOCAL REG. Aug 11-1954		REGISTRAR'S SIGNATURE R.P. Davis M.D. JR.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hedges Funeral Homes Inc. Iberia, Mo.					

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Walter O. Nedges*

Licensed Embalmer No. *420*

P. O. Address *Heim, N*

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.