S. No. 300
V. 10.48

0

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

FILED APR 27 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12568

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY: LINN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MARCELINE
c. LENGTH OF STAY (in this place): 1 WK.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. FRANCIS HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: CHARITON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEIN, MO. 0210
d. STREET ADDRESS (If rural, give location): 17 M. N. SALISBURY

3. NAME OF DECEASED (Type or Print)
a. (First): PETER
b. (Middle): JOSEPH
c. (Last): NIEMEIER

4. DATE OF DEATH (Month) 4 (Day) 9 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 1-4-1877
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 3, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): WEIN MO. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: FRED. NIEMEIR
13b. MOTHER'S MAIDEN NAME: ELIZIBETH BEIGLE
14. NAME OF HUSBAND OR WIFE: ~~FRONIA~~ MARY NEMEIER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S SIGNATURE OR NAME: Fronia Niemeier — ADDRESS: Mo. Marceline

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
(a) Nephrosclerosis c̄ Acute Uremia Shutdown
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ruptured Duodenal Ulcer
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Arteriosclerotic Cardiovascular Disease

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 4-8-55
19b. MAJOR FINDINGS OF OPERATION: Ruptured Duodenal Ulcer 5411
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) m.
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* _____, 1950, 4-9, 1955, *that I last saw the deceased alive on* 4-9, 1955 *and that death occurred at* 10:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Marceline Mo.
23c. DATE SIGNED: 4-9-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-11-55
24c. NAME OF CEMETERY OR CREMATORY: ST. MARYS
24d. LOCATION (City, town, or county): WEIN (State): Mo

DATE REC'D BY LOCAL REG.: 4-11-55
REGISTRAR'S SIGNATURE: Mary Jane Gilgway
25. FUNERAL DIRECTOR'S SIGNATURE: Miller-Tillotson — ADDRESS: Marceline Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Signature Albert K. Tillatson

Licensed Embalmer No. 4508

P. O. Address Marceline, 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.