

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

12590

State File No.

FILED APR 18 1955

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 5695 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe-Rural-Cream Ridge</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe-Rural-Cream Ridge</u>	
c. LENGTH OF STAY (In this place) <u>Lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>3 mi So Chula</u> 0590	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Katherine</u> b. (Middle) <u>Susan</u> c. (Last) <u>Neis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 7 5 1955</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 5 1874</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>0</u>	IF UNDER 18 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN Home</u>	11. BIRTHPLACE (State or foreign country) <u>Quincy Ill, 1</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Peter Schorr</u>	13b. MOTHER'S MAIDEN NAME <u>Katherine Eber</u>	14. NAME OF HUSBAND OR WIFE <u>William Frank Neis</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. Arthur Claudia Clibber, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 mo.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>age</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Jan, 1953, to 6 April, 1955, that I last saw the deceased alive on April, 1955, and that death occurred at 1:10 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>V. D. Nordman M.D.</u>	23b. ADDRESS <u>Chillicothe Mo</u>	23c. DATE SIGNED <u>7 April 55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/5/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>May Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Chula MO</u>
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DATE REC'D BY LOCAL REG. <u>4-7-55</u>	REGISTRAR'S SIGNATURE <u>Francis B. Hall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Robertson</u>	ADDRESS <u>Funeral Home Chula</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
590
1

STATEMENT BY LICENSED EMBALMER

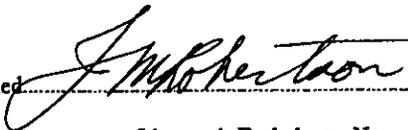
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 4388

P. O. Address Laredo 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.