

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20108

State File No.

FILED JUN 26 1956

BIRTH NO. _____ REG. DIST. NO. 117 PRIMARY REG. DIST. NO. 1192 Registrar's No.

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) NEW HAVEN MO.		c. CITY OR TOWN NEW HAVEN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) ENTIRE LIFE		e. STREET ADDRESS (If rural, give location) 3600	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) ELLA b. (Middle) C. N. c. (Last) NIEMEYER			4. DATE OF DEATH (Month) (Day) (Year) June 15 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 30, 1888	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR: Months 6 Days 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) NEW HAVEN MO.		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Henry S. Voltmann	13b. MOTHER'S MAIDEN NAME Freida Heuermann	14. NAME OF HUSBAND OR WIFE Charles F. Niemeyer
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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 Charles F. Niemeyer New Haven Mo	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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Overdose Seconal (Found dead in bed)		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Manic depressive psychosis		14 years
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mild essential hypertension		6 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	9702	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	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)	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 4/11, 1938, to 6/11, 1956, that I last saw the deceased alive on 5/24, 1956, and that death occurred at do not m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) B. P. Gissmann M. D.	23b. ADDRESS New Haven, Mo.	23c. DATE SIGNED 6/16/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-17-1956	24c. NAME OF CEMETERY OR CREMATORY New Haven Cemetery	24d. LOCATION (City, town, or county) (State) New Haven Mo.
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DATE REC'D BY LOCAL REG. 6-17-1956	REGISTRAR'S SIGNATURE Nellie Murphy	25. FUNERAL DIRECTOR'S SIGNATURE L. O. Curtis & Son	ADDRESS New Haven Mo.
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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 *me*....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Earl A. Gertig*.....

Licensed Embalmer No. *338*

P. O. Address *New Haven*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.