

FILED JUL 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24334

BIRTH NO. _____		REG. DIST. NO. 179		PRIMARY REG. DIST. NO. 2667		Registrar's No. 86		
1. PLACE OF DEATH a. COUNTY Lincoln				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Warren				
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural (Bedford twosp)		c. LENGTH OF STAY (in this place) 3 days		c. CITY OR TOWN Warrenton		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Lincoln County Hospital				f. STREET ADDRESS (If rural, give location) 611 College Ave. 1090				
3. NAME OF DECEASED (Type or Print) a. (First) Frank			b. (Middle) H.		c. (Last) Niermann		4. DATE OF DEATH (Month) (Day) (Year) July 17, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 28, 1871		9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 1 HR. 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 Own farm		11. BIRTHPLACE (City and State or Foreign Country) Warren County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Herman Niermann			13b. MOTHER'S MAIDEN NAME Friederika Alvena Pohlmann		14. NAME OF HUSBAND OR WIFE Lizzie Schroer Niermann			
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 Mrs. Frank H. Niermann				ADDRESS 611 College Ave. Warrenton, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 14 hrs years	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4500					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 July 14, 1956, to July 17, 1956, that I last saw the deceased alive on July 16, 1956 and that death occurred at 8:30 a.m. from the causes and on the date stated above.								
23a. SIGNATURE H. F. Kelley				23b. ADDRESS D. O. Troy Mo.		23c. DATE SIGNED 7-17-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-19-56	24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Wright City, Mo.			
DATE REC'D BY LOCAL REG. 7-21-56		REGISTRAR'S SIGNATURE Emma B. Riddle		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F.W. Nieburg & Co., Warrenton, Mo.				

JUL 24 1934

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 *John D. Lieburg*.....
Licensed Embalmer No. 389

P. O. Address *Warranta*.....

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.