

FILED SEP 19 1956

STANDARD CERTIFICATE OF DEATH

State File No. **30021**

BIRTH NO. _____ REG. DIST. NO. **49** PRIMARY REG. DIST. NO. **3008** Registrar's No. **240**

1. PLACE OF DEATH a. COUNTY Galloway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY MONTGOMERY	
b. CITY (If outside corporate limits, write RURAL and give township) Fulton Mo		c. CITY OR TOWN Big Spring Mo	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 3 Months		e. STREET ADDRESS (If rural, give location) 07001	
d. FULL NAME OF HOSPITAL OR INSTITUTION Galloway County Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Dollie b. (Middle) _____ c. (Last) Niedergerke			4. DATE OF DEATH (Month) (Day) (Year) SEP-14-1956		
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec-4-1881		9. AGE (In years last birthday) 74 10. 9 11. 10
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) Big Spring Mo	
12. CITIZEN OF WHAT COUNTRY? US					

13a. FATHER'S NAME Ben F Sneathen		13b. MOTHER'S MAIDEN NAME Carrie Carroll		14. NAME OF HUSBAND OR WIFE Thomas D Niedergerke	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gordon Niedergerke Fulton, Mo	

18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation ANTECEDENT CAUSES Coronary Occlusion Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 12mo 2 1/2 hrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Embolism				10 hrs	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) 4201	
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? _____	

22. I hereby certify that I attended the deceased from **June 1957**, to **9-14**, 1956, that I last saw the deceased alive on **9-14**, 1956, and that death occurred at **4:00** m., from the causes and on the date stated above.

23a. SIGNATURE John J. Brown M.D.		23b. ADDRESS Fulton Mo		23c. DATE SIGNED 9-15-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sep-16-1956		24c. NAME OF CEMETERY OR CREMATORY Baptist Cemetery	
				24d. LOCATION (City, town, or county) (State) Big Spring Mo	

DATE REC'D BY LOCAL REG. 9-16-1956		REGISTRAR'S SIGNATURE Martha Lawrence		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.B. Baker Americus Mo	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

OCT 22 1957

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... *D B Baker*

Licensed Embalmer No....3375...

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