

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18228

FILED JUN 7 1957

STATE FILE NUMBER

Registration District No. 280 Primary Registration District No. 6961 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>East Leavenworth</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>East Leavenworth</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RFD. 1 Bx 40</u> Length of stay in lb <u>76 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>RFD. 1 Bx 40</u> R/R on Form Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>Mary Margaret Nieman</u> First Middle Last			4. DATE OF DEATH <u>May 26 - 1957</u> Month Day Year		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 21 - 1871</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and state or country) <u>Biken Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Henry Oberdiek</u>			14. MOTHER'S MAIDEN NAME <u>Margaret</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give dates of service)		16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT <u>Otto Nieman</u> Address <u>East Leavenworth Mo.</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>years</u> <u>years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Coronary artery sclerosis</u>	
	DUE TO (c) <u>Generalized A5 hypertension</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4201</u>		18. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year <u>8:30 a.m. 5 26 57</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from <u>May 15 1957</u> to <u>May 26 1957</u> and last saw her <u>alive</u> on <u>5/25/57</u> Death occurred at <u>8:30 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <u>H. Graham Parkersmo</u>	22b. ADDRESS <u>Platte City Mo</u>	22c. DATE SIGNED <u>5/28/57</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 29 - 57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Platte City Mo</u>	23d. LOCATION (City, town, or county) (State) <u>Platte City Mo</u>
24. FUNERAL DIRECTOR <u>Leland H. Francis</u> ADDRESS <u>Parkville Mo</u>	25. DATE RECD. BY LOCAL REG. <u>May 29 - 1957</u>	26. REGISTRAR'S SIGNATURE <u>Alpha Rollins</u>	

