

FILED JUN 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3667 57 021751
STANDARD FILE NUMBER

Registration District No. 179 Primary Registration District No. 179 Registrar's No. 74

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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, give TOWNSHIP only) OR TOWN Bedford		c. CITY OR TOWN Wright City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lincoln Co Mem Hosp		d. STREET ADDRESS (If outside, give location) 2Dys	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First William	Middle A	Last Mikus	Month June	Day 9	Year 1957

5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb 12 1875	9. AGE (In years last 82 day)	10. FUNDER 1 YEAR Months	11. IF UNDER 24 HRS. Hours	12. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and state or country) Golden Eagle Ill	12. CITIZEN OF WHAT COUNTRY? US. A
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13a. FATHER'S NAME Theodore Mikus	13b. MOTHER'S MAIDEN NAME Annie Walters	14. NAME OF HUSBAND OR WIFE Minnie Mikus
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. 486-28-0631	17. INFORMANT Mrs Wm Mikus Address Wright City MO
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 2 days Years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary Thrombosis	
	DUE TO (c) Arterio-sclerosis	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		19. 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.)
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20c. TIME OF INJURY Hour 10:15 Month, Day, Year 6-8-57 a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Wright City COUNTY Missouri STATE MO
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21. I attended the deceased from 6-8-57 to 6-9-57 and last saw him alive on 6-8-57 Death occurred at 10:15 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.	22a. SIGNATURE (Degree or title) A. N. Mackay D.O.	22b. ADDRESS Warrenton, Mo.	22c. DATE SIGNED 6-9-57
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23a. BURIAL, CREMATION, REMOVAL Burial	23b. DATE 6/12/57	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	23d. LOCATION (City, town, or county) Wright City Missouri (State)
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24. FUNERAL DIRECTOR Nieburg Furn & Und CO ADDRESS Wright City	25. DATE RECD. BY LOCAL REG. 6-15-57	26. REGISTRAR'S SIGNATURE Emma R. Riddle
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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, *of by*, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Julius J. Nieburg*
Licensed Embalmer No. *3366*
P. O. Address *Wright City*

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.