

FILED DEC 23 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

433555  
STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1361

S. 300  
ev. 1-57

|   |                                  |   |   |  |   |
|---|----------------------------------|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Buchanan</b>  |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b> |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>St. Joseph</b>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY<br>OR<br>TOWN <b>St. Joseph</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>              |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION: <b>2826 Edmond St.</b>   |                                  | Length of stay in lb<br><b>life</b>   | d. STREET<br>ADDRESS<br><b>2826 Edmond St.</b>  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>             |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Walter</b> Middle <b>George</b> Last <b>Neudorff</b>   |                                  |   | 4. DATE<br>OF<br>DEATH <b>December 4, 1957</b><br>Month Day Year  |  |   |
| 5. SEX<br><b>male</b>   | 6. COLOR OR RACE<br><b>white</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Sept. 27, 1886</b>   | 9. AGE (In years<br>last birthday) <b>71</b>                                 | IF UNDER 1 YEAR<br>Months Days Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Ret. Insurance Agent</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Insurance Co.</b>   | 11. BIRTHPLACE (City and state or country)<br><b>St. Joseph, Mo.</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |
| 13a. FATHER'S NAME<br><b>George Neudorff</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Wilhelminia Bodenhausen</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Viola M.</b>                               |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>none</b>  | 17. INFORMANT<br>Address<br><b>Mrs. W.G. Neudorff, 2826 Edmond, St. Joseph, Mo.</b>   |  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Ventricular fibrillation</b>   |                                  |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>immediate</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>coronary artery disease</b>   |                                  |   |   |  |   |
| DUE TO (c) _____  |                                  |   |   |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |                                  |   |   |  | 19. WAS AUTOPSY PERFORMED?<br>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.)<br><b>4201</b>   |   |  |   |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m.   |                                  |   |   |  |   |
| 20d. INJURY OCCURRED WHILE AT <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 <b>Dead on arrival</b> to _____ and last saw <sup>her</sup> him alive on _____<br>Death occurred at <b>8:40a.</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |   |  |   |
| 22a. SIGNATURE<br><i>[Signature]</i> (Degree or title)  |                                  |   | 22b. ADDRESS<br><b>902 Edmond, St. Joseph, Mo.</b>  |  | 22c. DATE SIGNED<br><b>12/6/57</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>  | 23b. DATE<br><b>12/6/1957</b>    | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Auburn Cemetery</b>  |   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Joseph, Missouri</b> |   |
| 24. FUNERAL DIRECTOR<br><b>Heaton Forman</b>  |                                  | ADDRESS<br><b>St. Joseph, Mo.</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>Dec. 17, 1957</b>                         | 26. REGISTRAR'S SIGNATURE<br><i>[Signature]</i>   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

48

MAK  
FEB 18 1963

MAK 28 1958

MAK 21 1958

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 *James B. Hawkins*  
Licensed Embalmer No. *4536*  
P. O. Address *319 So 10th St*

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.