

STANDARD CERTIFICATE OF DEATH

45347

STATE FILE NUMBER

FILED JAN 8 1958

Registration District No. 278

Primary Registration District No. 5953

Registrar's No. 151

V. S. 300  
Rev. 1-57

Satisfying the medical certification in the specific manner required by 193.140 MoRS 1949.  
 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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>PIKE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>PIKE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <b>BUFFALO-TOWNSHIP</b>		c. CITY OR TOWN <b>LOUISIANA</b>	
c. FULL NAME OF DECEASED <b>MISSISSIPPI RIVER LIFE</b>		d. STREET ADDRESS (If outside, give location) <b>RIVER ROAD</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>GEORGE ALLAN NIFFEN</b>			4. DATE OF DEATH Month Day Year <b>DEC 27, 1957</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>4-5-1942</b>
10a. USUAL OCCUPATION (Give kind of work done during most of life, or if retired) <b>LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>GENERAL</b>	11. BIRTHPLACE (City and state or country) <b>LOUISIANA, MO.</b>
13a. FATHER'S NAME <b>GEORGE LESTER NIFFEN</b>		13b. MOTHER'S MAIDEN NAME <b>LAURA AMANDA WINTJEN</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	
17. INFORMANT <b>GEO. LESTER NIFFEN, LOUISIANA, MO</b>			Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Drowning</b>			INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <b>850X 42 Boat capsized, subject drowned</b>	
20c. TIME OF INJURY Hour Month, Day, Year 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.) <b>Mississippi river</b>		20f. CITY, TOWN, OR LOCATION <b>Louisiana</b> COUNTY <b>Pike</b> STATE <b>Mo</b>	
21. I attended the deceased from _____ to _____ and last saw him on <b>Dec 30</b> Death occurred at <b>8 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>J. H. Mudd Coroner</b>		22b. ADDRESS <b>Bowling Green Mo.</b>	
22c. DATE SIGNED <b>Dec 30-57</b>			
23. BURNAL, CREMATION, OR OTHER DISPOSITION (Specify) <b>BURIAL Jan 3, 1958</b>		23. NAME OF CEMETERY OR CREMATORY <b>RIVERVIEW CEM</b>	
24. LOCATION (City, town, or county) <b>LOUISIANA, MO.</b>		(State)	
25. FUNERAL DIRECTOR <b>GEO. M. COHLIER, LOUISIANA, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>JAN 3, 1958</b>	
26. REGISTRAR'S SIGNATURE <b>Bernice Collier</b>			

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 *Geo. M. Callier* .....

Licensed Embalmer No. ....

P. O. Address .....

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.