5. No. 300
v. 10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 13 1958

58-018814
State File No.

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 63

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Rock Township
c. LENGTH OF STAY (In this place): lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): near Imperial, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jefferson
c. CITY OR TOWN: Rural Rock Township
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Near Imperial, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): EMIL
b. (Middle): L.
c. (Last): NAES

4. DATE OF DEATH (Month) (Day) (Year): MAY 31, 1958

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Oct 25, 1891
9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: General Farming
11. BIRTHPLACE (City and State or Foreign Country): Imperial, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Frank Naes
13b. MOTHER'S MAIDEN NAME: Theresa Ziegelmeyer
14. NAME OF HUSBAND OR WIFE: Veronica Nee Vogel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 487-40-1210
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Emil Naes Imperial, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Haemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) Arteri sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 331X
20. AUTOPSY? YES ☐ NO ☒

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) Imperial (COUNTY) Jefferson (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1957, 19__, *to* 5/31, 1958, *that I last saw the deceased alive on* 5/31, 1958, *and that death occurred at* 11:50 m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) MD.
23b. ADDRESS Imperial Mo
23c. DATE SIGNED 6/1/58

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 3, 58
24c. NAME OF CEMETERY OR CREMATORY: St. Josephs Cemetery
24d. LOCATION (City, town, or county) (State): Kimmswick, Mo.

DATE REC'D BY LOCAL REG.: 6-3-58
REGISTRAR'S SIGNATURE: Robert E. Bauer
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Heiligtag Funeral Home Imperial, Mo

(Licensed Embalmer's Statement on Reverse Side)

544.0

SEP 26 1958

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JUN 12 1958

JUN 20 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Arthur W. Hullington

Licensed Embalmer No. 387

P. O. Address Imperial

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.