

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001850

STATE FILE NUMBER

FILED JAN 26 1959 Registration District No. 162 Primary Registration District No. 4251 Registrar's No. 4

300
-57

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KIMMSWICK		c. CITY OR TOWN KIMMSWICK	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION KIMMSWICK		d. STREET ADDRESS (If outside, give location) MARKET ST.	
Length of stay in lb 47 YRS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MARY Middle NIES Last NIES			4. DATE OF DEATH Month JAN Day 12 Year 1959		
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5. SEX FEMALE	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 JUNE 10 1882	9. AGE (In years last birthday) 76	10. FUNDER 1 YEAR Months 7 Days 6 Hours 0 Min. 0	11. IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK	10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK	11. BIRTHPLACE (City and state or country) ROCK CREEK MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME CARL HARSE	13b. MOTHER'S MAIDEN NAME EMELIA UNKNOWN	14. NAME OF HUSBAND OR WIFE AUGUST NIES
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT AUGUST NIES Address KIMMSWICK 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) Urgena		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Ch. Myocarditis		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4202		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 11:25 a.m. 12 Month, Day, Year 1/15/59 p.m.
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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.) Imperial Jefferson MO	20f. CITY, TOWN, OR LOCATION Imperial Jefferson MO	COUNTY JEFFERSON	STATE MO
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21. I attended the deceased from **2/2/54** to **1/12/59** and last saw him alive on **1/4/59**
Death occurred at **2:30** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Richard M. [Signature] (Degree or title)	22b. ADDRESS Imperial, Mo	22c. DATE SIGNED 1/4/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JAN 15, 1959	23c. NAME OF CEMETERY OR CREMATORY RICHARDSON CEMETERY	23d. LOCATION (City, town, or county) (State) BECK MO.
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24. FUNERAL DIRECTOR HEILIGTAG FUNERAL HOME IMPERIAL MO	ADDRESS IMPERIAL MO	25. DATE RECD. BY LOCAL REG. 1-15-1959	26. REGISTRAR'S SIGNATURE Robert E. Bauer
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

DATE RECEIVED
JAN 20 1959

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 *Elmer Halgata*

Licensed Embalmer No. *3571*

P. O. Address *Imperial Mo*

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.