

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-002295  
STATE FILE NUMBER

FILED FEB 3 1959 Registration District No. 257 Primary Registration District No. 4884 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <b>Osage</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Osage</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richfountain</b> <i>Washington Township</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Richfountain</b> <i>0760</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>At Home</b>		Length of stay in lb <b>life</b>	d. STREET ADDRESS (If outside, give location) <b>none</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Bettie</b> Middle <b>B.</b> Last <b>Neuner</b>			4. DATE OF DEATH Month <b>Jan.</b> Day <b>25,</b> Year <b>1959</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Mar. 20, 1889</b>
9. AGE (In years last birthday) <b>69</b>		IF UNDER 1 YEAR Months <b>10</b> Days <b>5</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>house wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (City and state or country) <b>Richfountain, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Xavier Koerber</b>	
13b. MOTHER'S MAIDEN NAME <b>Anna Krieg</b>		14. NAME OF HUSBAND OR WIFE <b>Andrew Neuner</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>490 44 0695</b>	17. INFORMANT <b>Zeno M. Neuner</b> Address <b>Richfountain, Mo.</b>
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>Coronary Thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>instantly</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"/> <b>2</b>
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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____			
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.)	20f. CITY, TOWN, OR LOCATION <b>Linn, Mo.</b>	COUNTY _____ STATE _____
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <b>5:00</b> p. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Clyde Morton</i> (Degree or title) <b>Coroner</b>		22b. ADDRESS <b>Linn, Mo.</b>	22c. DATE SIGNED <b>1/26/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1/29/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sacred Heart</b>	23d. LOCATION (City, town, or county) (State) <b>Richfountain, Mo.</b>
24. FUNERAL DIRECTOR <b>Clyde Morton</b>		ADDRESS <b>Linn, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Jan 29 1959</b>
		26. REGISTRAR'S SIGNATURE <i>Mrs. T. A. Dehromier</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

health, Welfare public service  
300  
-57  
Doctor, coroner, etc. must use only standard non-removable material. All diseases in Part I must be causally related.

1959 FEB 4

JUN 4 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 *Vernon M. Morton*

Licensed Embalmer No. *4125*  
P. O. Address *Levin Me*

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.