

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004872
STATE FILE NUMBER

FILED FEB 27 1959

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>North Kansas City</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Parkville</u> ⁶⁸³⁰ Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>A.K.C. Memorial</u> Length of stay in lb <u>12 da</u>		d. STREET ADDRESS (If outside, give location) <u>Rt 4 - Bx 259</u> Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>Henry J. Niemann</u> First Middle Last			4. DATE OF DEATH <u>Feb 21 - 1959</u> Month Day Year		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>8-13-1894</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Store</u>	11. BIRTHPLACE (City and state or country) <u>Farley, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Earnest Niemann</u>			14. MOTHER'S M maiden NAME <u>Elizabeth Lutte</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-14-0910</u>	17. INFORMANT <u>Dorothea Lochner Niemann</u> Address <u>Parkville Mo</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>anturic infarct involving septum</u>		<u>9 days</u>
	DUE TO (c) <u>Coronary occlusion (left anturic descending)</u>		<u>9 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Pericarditis</u>		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.)	
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>2/11/59</u> , to <u>2/20/59</u> and last saw ^{her} him alive on <u>2/21/59</u> Death occurred at <u>8:45</u> a. m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <u>Edna Jennings M.D.</u>	22b. ADDRESS <u>North Kansas Ct RR 4 Mo</u>	22c. DATE SIGNED <u>2/21/59</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Feb 24-59</u>	23c. NAME OF CEMETERY OR CONCRETO <u>Mount Muncie</u>	23d. LOCATION (City, town, or county) (State) <u>Leavenworth Kan</u>
24. FUNERAL DIRECTOR <u>Leland H. Francis</u> ADDRESS <u>Parkville Mo</u>	25. DATE RECD. BY LOCAL REG. <u>2-21-59</u>	26. REGISTRAR'S SIGNATURE <u>Marguerite Hudgens</u>	

(Licensed Embalmer's Statement on Reverse Side)

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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1-56

MAR 3 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 Haddon E. Francis, Student Embalmer No. 570 working under my personal supervision..

Student Haddon E. Francis
Signature of Student Embalmer

Signed Haddon E. Francis

Licensed Embalmer No. 345

P. O. Address Parkville

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