

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH59-013825
State File No.

FILED APR 22 1959

BIRTH NO. _____		REG. DIST. NO. <u>163</u>		PRIMARY REG. DIST. NO. <u>7031</u>		Registrar's No. <u>93</u>		
1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Mo</u> b. COUNTY <u>JEFF</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DE SOTO</u>		c. LENGTH OF STAY (in this place) <u>0503</u>		c. CITY OR TOWN <u>DE SOTO</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>EAST MAIN</u>				e. STREET ADDRESS (If rural, give location) <u>EAST MAIN</u>				
3. NAME OF DECEASED (Type or Print)		a. (First) <u>GEORGE</u>		b. (Middle) <u>R.</u>		c. (Last) <u>NEES</u>		
4. DATE OF DEATH		(Month) <u>April</u>		(Day) <u>8</u>		(Year) <u>1959</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JAN 23 1898</u>		
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months <u>60</u>		IF UNDER 24 HRS. Days <u>60</u>		Hour <u>60</u> Min. <u>60</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BURNER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>SHIP YARDS</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>FESTUS MO</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>GEORGE NEES</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH ROSS</u>		14. NAME OF HUSBAND OR WIFE <u>ENOLA NEES</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES W.W.I</u>		16. SOCIAL SECURITY NO. <u>492-20-4970</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ENOLA NEES</u>		ADDRESS <u>DESOTO, MO.</u>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>STRANGULATION</u>				INTERVAL BETWEEN ONSET AND DEATH <u> </u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u> </u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u> </u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>SUICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Residence</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Valle Twp. DeSoto, Jeff. Mo.</u>		21f. HOW DID INJURY OCCUR? <u>Suicidal Hanging.</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u> </u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Coroner, 401/190</u> , 19 <u>59</u> , that I last saw the deceased alive on <u> </u> , 19 <u>59</u> , and that death occurred at <u>2:00 Pm.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>James C. Stohm, M.D. Coroner</u>			23b. ADDRESS <u>Festus MO.</u>			23c. DATE SIGNED <u>4/11/59</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>APR 11 1959</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BONNE TERRE</u>		24d. LOCATION (City, town, or county) (State) <u>BONNE TERRE MO</u>		
DATE REC'D BY LOCAL REG. <u>4-17-59</u>		REGISTRAR'S SIGNATURE <u>Marie Harris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>MAHN FUNERAL HOME</u>		ADDRESS <u>De Soto, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

APR 8 2 1959

APR 24 1959

DATE RECEIVED
APR 20 1959

APR 8 2 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 *Aerald J. Mohr*
.....

Licensed Embalmer No. *4975*

P. O. Address *De Soto, La.*

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.