

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017281

FILED MAY 18 1959 Registration District No. 110 Primary Registration District No. 4182 STATE FILE NUMBER Registrar's No. 10

300
1-57

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) New Haven		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN New Haven Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb	d. STREET ADDRESS 0360 (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Hugo Middle H. Last Niedergerke			4. DATE OF DEATH Month May Day 12 , Year 1959	
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5. SEX Male	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 Oct. 27, 1892	9. AGE (In years last birthday) 66	10. F UNDER 1 YEAR Months 6 Days 15	11. IF UNDER 24 HRS Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory Worker	10b. KIND OF BUSINESS OR INDUSTRY Hat Industry	11. BIRTHPLACE (City and state or country) New Haven Mo	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Carl Niedergerke	13b. MOTHER'S MAIDEN NAME Fredericka Schomberg	14. NAME OF HUSBAND OR WIFE Dorris Niedergerke
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (When active military service) Yes World War #1	16. SOCIAL SECURITY NO. 493-38-0747	17. INFORMANT Address Mrs. Hugo Niedergerke New Haven 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) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 10 Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertensive Cardiovascular Disease	10 yrs.
	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 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 _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <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 COUNTY _____ STATE _____
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21. I attended the deceased from June 10, 1949 to May 12, 1959 and last saw him alive on May 11, 1959 Death occurred at 9:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>H. W. Held</i> (Degree or title) D.O.	22b. ADDRESS New Haven, Missouri	22c. DATE SIGNED 5/13/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 15, 1959	23c. NAME OF CEMETERY OR CREMATORY St. Peters E. & R. Cem	23d. LOCATION (City, town, or county) (State) New Haven Mo.
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24. FUNERAL DIRECTOR L. G. Fertig & Son	ADDRESS New Haven Mo	25. DATE RECD. BY LOCAL REG. May 15-1959	26. REGISTRAR'S SIGNATURE <i>Nellie Murphy</i>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MS NOV 30 1959

MAY 26 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 me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Earl O. Jettig.....

Licensed Embalmer No. 3385.....
P. O. Address New Haven.....

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.