

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-017021

STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 149

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

**FILED JUN 12 1961**

1. PLACE OF DEATH  
 a. COUNTY **Franklin**  
 b. CITY (If outside corporate limits, give TOWNSHIP only) **Washington** Length of stay in 1b **9 Yrs**  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **1443 E 8th St.** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Missouri** b. COUNTY **Franklin**  
 c. CITY OR TOWN **Washington** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **1443 E. 8th St.** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **Herman** Middle **J.** Last **Neier**  
 4. DATE OF DEATH Month **June** Day **8** Year **1961**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH **5-13-1894** 9. AGE (last birthday) **67** IF UNDER 1 YEAR Months **0** Days **25** IF UNDER 24 HR Hours  Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Shoe worker** 10b. KIND OF BUSINESS OR INDUSTRY **Shoe Factory** 11. BIRTHPLACE (City and state or country) **Neier, Missouri** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Henry Neier** 13b. MOTHER'S MAIDEN NAME **Elizabeth Schmitt** 14. NAME OF HUSBAND OR WIFE **Emma Neier**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 17. INFORMANT Address **Mo. Mrs. Emma Neier, 1443 E. 8th St. Washington**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Metastatic Carcinoma of Brain**  
 DUE TO (b) **Carcinoma of Sigmoid**  
 DUE TO (c)   
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
 PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour **3:00** a.m.  p.m. Month, Day, Year **June 8, 1961**

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  20f. CITY, TOWN, OR LOCATION **Washington** COUNTY **Missouri** STATE **Missouri**

21. I attended the deceased from **May 2, 1961** to **June 8, 1961** and last saw him alive on **June 8, 1961**  
 Death occurred at **3:00 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **L. M. Muehler M.D.** 22b. ADDRESS **Joseph Washington Ave** 22c. DATE SIGNED **6/9/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **June 12, 1961** 23c. NAME OF CEMETERY OR CREMATORY **St. Francis Cemetery** 23d. LOCATION (City, town, or county) (State) **Washington Missouri.**

24. FUNERAL DIRECTOR ADDRESS **Nieburg & Vitt Inc. Washington, Mo.** 25. DATE RECD. BY LOCAL REG. **6/9/61** 26. REGISTRAR'S SIGNATURE **Leola E. Schubman**

(Licensed Embalmer's Statement on Reverse Side)

JUN 13 1961

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 Jerome F. Swoboda

Licensed Embalmer No. 4507

P. O. Address Washington, D.C.

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.