

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010328

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 58 Primary Registration District No. 5326 Registrar's No. 4

<p><b>FILED</b> MAR 19 1962</p>			
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>CRAWFORD</u></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>MISSOURI</u> b. COUNTY <u>CRAWFORD</u></p>	
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>TERAMEC TOWNSHIP</u></p>		<p>c. CITY OR TOWN <u>TERAMEC TOWNSHIP</u></p>	
<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 1/2 M.I.E. STEELVILLE</u></p>		<p>d. STREET ADDRESS (If outside, give location) <u>3 1/2 M.I.E. STEELVILLE, MO.</u></p>	
<p>3. NAME OF DECEASED (Type or print)</p> <p style="text-align: center;">First Middle Last</p> <p style="text-align: center;"><u>MATHILDA MARY NIEMAN</u></p>		<p>4. DATE OF DEATH</p> <p style="text-align: center;">Month Day Year</p> <p style="text-align: center;"><u>FEB. 24 - 1962</u></p>	
<p>5. SEX</p> <p><u>FEMALE</u></p>	<p>6. COLOR OR RACE</p> <p><u>WHITE</u></p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH</p> <p><u>6-5-1893</u></p>
<p>9. AGE (last birthday)</p> <p><u>68</u></p>		<p>IF UNDER 1 YEAR</p> <p>Months Days</p>	<p>IF UNDER 24 HR</p> <p>Hours Min.</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</p> <p><u>HOUSEWIFE</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY</p> <p><u>-</u></p>	
<p>11. BIRTHPLACE (City and state or country)</p> <p><u>WESTPHALIA, MO.</u></p>		<p>12. CITIZEN OF WHAT COUNTRY</p> <p><u>USA</u></p>	
<p>13a. FATHER'S NAME</p> <p><u>AUGUST SCHAUWECKER</u></p>		<p>13b. MOTHER'S MAIDEN NAME</p> <p><u>ELIZABETH KRAUSE</u></p>	
<p>14. NAME OF HUSBAND OR WIFE</p> <p><u>CHARLES NIEMAN</u></p>		<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)</p> <p><u>NO</u></p>	
<p>16. SOCIAL SECURITY NO.</p> <p><u>NONE</u></p>		<p>17. INFORMANT</p> <p><u>AL. NIEMAN - STEELVILLE, MO.</u></p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a)</p> <p><u>Unexpected sudden death of aged woman</u></p>			<p>INTERVAL BETWEEN ONSET AND DEATH</p> <p><u>5 min</u></p>
<p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p> <p style="text-align: center;">DUE TO (b)</p> <p style="text-align: center;">DUE TO (c)</p>			
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p> <p><u>Slight hypertension; tracheal intubation for years</u></p>		<p>PART III. If deceased was female was there a pregnancy in last 90 days.</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY</p> <p>Hour a.m. Month, Day, Year.</p>			
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	
<p>20f. CITY, TOWN, OR LOCATION</p> <p><u>Steelville Mo</u></p>		<p>COUNTY STATE</p>	
<p>21. I attended the deceased from <u>1952</u> to <u>2/24/62</u> and last saw her/him alive on <u>2/24/62</u></p> <p>Death occurred at <u>10:30 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p>22a. SIGNATURE (Degree or title)</p> <p><u>[Signature]</u> <u>DO</u></p>		<p>22b. ADDRESS</p> <p><u>Steelville Mo</u></p>	
<p>22c. DATE SIGNED</p> <p><u>2/25/62</u></p>			
<p>23a. BURIAL, CREMATION, REMOVAL (Specify)</p> <p><u>REMOVAL</u></p>		<p>23b. DATE</p> <p><u>2-28-1962</u></p>	
<p>23c. NAME OF CEMETERY OR CREMATORY</p> <p><u>CALVARY CEMETERY</u></p>		<p>23d. LOCATION (City, town, or county) (State)</p> <p><u>ST. LOUIS, MISSOURI.</u></p>	
<p>24. FUNERAL DIRECTOR</p> <p><u>Thomas S. Walker - STEELVILLE, MO.</u></p>		<p>25. DATE RECD. BY LOCAL REG.</p> <p><u>2/28/62</u></p>	
<p>26. REGISTRAR'S SIGNATURE</p> <p><u>[Signature]</u> <u>Deputy</u></p>			

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DATE AMENDED

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DOCUMENT

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

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**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 Thomas S. Haller

Licensed Embalmer No. 4332  
P. O. Address STEELVILLE, MO.

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.