

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011821

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1709

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 1 1963		1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in 1b <u>75 years</u>		c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Baptist Memorial</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>2223 East 85th St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>JOHN</u> Last <u>NIEBERGALL</u>			4. DATE OF DEATH Month <u>March</u> Day <u>15</u> Year <u>1963</u>		
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>3-15-1963</u>	9. AGE (last birthday) <u>86 years</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stock Room</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wholesale Shoes</u>		11. BIRTHPLACE (City and state or country) <u>Lafayette, Indiana</u>	
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13a. FATHER'S NAME <u>William Niebergall</u>		13b. MOTHER'S MAIDEN NAME <u>Magdalene Wiederle</u>	
14. NAME OF HUSBAND OR WIFE <u>Anna M. Niebergall</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of <u>No</u>)			
16. SOCIAL SECURITY NO. <u>222-8-76</u>		17. INFORMANT Address <u>Anna M. Niebergall, Kansas City, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Rupture Aortic Aneurysm, approx 6 hr</u> DUE TO (b) <u>Arteriosclerosis, generalized unknown.</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)		INTERVAL BETWEEN ONSET AND DEATH			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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.)			
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 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>6-6-62</u> to <u>3-15-63</u> and last saw ^{her} him alive on <u>3-15-63</u> Death occurred at <u>10 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22. SIGNATURE (Degree title) <u>W. J. Stelmach M.D.</u>		22b. ADDRESS <u>2951 State Ave</u>		22c. DATE SIGNED (State) <u>3/16/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-18-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>		23d. LOCATION (City, town, or county) <u>Kansas City, Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Wagner Funeral Home, K. C. Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-16-63</u>		26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>	

VS 300
Rev. 4/59

1
23968

3

4 0

5 1

6

7 1

8 1

9451X

10

11

1250-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO.: SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Walter J. Steinhilber
7951 State Service
H-4-7367 0-0-0
1-2:30-PM

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 Alvin R. Haunsheld

Licensed Embalmer No. 4159

P. O. Address Kansas City, 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.