

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031865

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 116 Primary Registration District No. 4182 Registrar's No. 187

STATE FILE NUMBER

FILED AUG 26 1963

VS 300 Rev. 4/59

1 0360
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DATE AMENDED
INSTEAD OF
SHOULD READ
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>New Haven</u>		Length of stay in 1b <u>4 Yrs.</u>	c. CITY OR TOWN <u>New Haven</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>John Francis Nilges</u>			4. DATE OF DEATH Month Day Year <u>Aug. 16 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>11-14-1934</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hawthorne Finishing Co. Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Linn Mo.</u>	9. AGE (last birthday) <u>28</u>
13a. FATHER'S NAME <u>John W. Nilges</u>		13b. MOTHER'S MAIDEN NAME <u>Fronica Lock</u>	11. BIRTHPLACE (City and state or country) <u>U. S. A.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>739</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
17. INFORMANT <u>Mrs. John Nilges</u>		Address <u>New Haven Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary embolism (presumptive)</u> DUE TO (b) <u>18 days ago had spinal fusion operation</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>15 min.</u>
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 type="checkbox"/> NO <input checked="" 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>dead on arrival</u> , to _____ and last saw him/her alive on _____ Death occurred at <u>4:00 P.M. (approximately)</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>B. P. Eisenmann</u> (Degree or title)		22b. ADDRESS <u>M.D. New Haven, Missouri</u>	22c. DATE SIGNED <u>8/17/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-19-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Linn Memorial Cem.</u>	23d. LOCATION (City, town, or county) <u>Linn Mo.</u>
24. FUNERAL DIRECTOR <u>L. G. Fertig & Son</u>		25. DATE RECD. BY LOCAL REG. <u>8/19/63</u>	26. REGISTRAR'S SIGNATURE <u>Leula P. Heidmann</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

MAR 16 1964

AUG 30 1963
AUG 27 1963

OCT 1 1963

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 Adel _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Earl C. Gentry _____

Licensed Embalmer No. 3385

P. O. Address New Haven, Conn

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.