

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-046689**  
STATE FILE NUMBER

Registration District No. 323 Primary Registration District No. 4474 Registrar's No. 73

DO NOT WRITE ON THIS STUB

AMENDED

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| VS 300                                   | DATE AMENDED |
| Rev. 4/59                                |              |
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| AMENDMENTS ON THIS RECORD ARE AS FOLLOWS |              |
| INSTEAD OF                               |              |
| DOCUMENT                                 |              |
| MEDICAL CERTIFICATION                    |              |
| BY AFFIDAVIT OF                          |              |
| ITEM NO.                                 | SHOULD READ  |

USE BLACK INK OR TYPEWRITER RIBBON

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Saline</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Saline</b>                        |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Sweet Springs</b>   |   | Length of stay in 1b<br><b>2 years</b>  | c. CITY OR TOWN <b>Marshall</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Community Hospital</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>315 North Jefferson</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>FRITZ WILLIAM NIEMEIER</b>   |   |   | 4. DATE OF DEATH<br>Month Day Year<br><b>December 2 1963</b>   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>6-6-1878</b>  |
| 9. AGE (last birthday)<br><b>85 years</b>   |   | IF UNDER 1 YEAR<br>Months Days Hours Min.   | IF UNDER 24 HR<br>Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired Farmer</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Own Farm</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Saline County, Mo.</b>  |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |   | 13a. FATHER'S NAME<br><b>Charles Niemeier</b>   |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>Mary Brandt</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Anna Niemeier</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |   | 16. SOCIAL SECURITY NO.<br><b>no</b>  |  |
| 17. INFORMANT<br><b>Mrs. Pearl Piper</b>  |   | Address<br><b>Marshall, Mo.</b>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute Pulmonary Edema</b><br>DUE TO (b) <b>Coronary atherosclerosis (heart disease)</b><br>DUE TO (c) <b>Diabetes Mellitus</b> |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>4 hours</b><br><b>10 yrs</b><br><b>unknown</b>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Arteriosclerosis / Accident Liver</b>   |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour a.m. p.m.<br>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 <b>1962</b> to <b>12-2-63</b> and last saw him alive on <b>12-2-63</b><br>Death occurred at <b>9:30 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.                                  |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>Charles H. Piper MD</b>  |   | 22b. ADDRESS<br><b>Sweet Springs Mo</b>   | 22c. DATE SIGNED<br><b>12-4-63</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>12-4-1963</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Ridge Park Cemetery</b>  | 23d. LOCATION (City, town, or county)<br><b>Marshall, Mo.</b>  |
| 24. FUNERAL DIRECTOR<br><b>CAMPBELL LEWIS</b>   | ADDRESS<br><b>Marshall, Mo.</b>   | 25. DATE RECD. BY LOCAL REG.<br><b>Dec. 4, 1963</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Mary Crowley</b>   |

(Licensed Embalmer's Statement on Reverse Side)

Burial Permit Issued on 12/4/1963

**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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Phillip L. Smith

Licensed Embalmer No. 5763

P. O. Address Marshall, 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.