

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 1 1949

State File No. 14757

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <u>Cudrair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cudrair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neuro Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural. Kettle</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cudrair Co Hospital.</u>		d. STREET ADDRESS (If rural, give location) <u>Rural. one mile north of Kettle</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Frank Xavier</u>	b. (Middle) <u>Wieschhaus</u>	c. (Last) <u>Wieschhaus</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 24 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Oct 30 - 1895</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>53 6 24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (State or foreign country) <u>Geneville Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>John Wieschhaus</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Pittershaus</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, state war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>H.J. Wieschhaus</u>	ADDRESS <u>Martinsburg</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebralvascular accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANCECEDENT CAUSES Mention conditions, if any, giving rise to the above cause (a.) stating the underlying cause last.  DUE TO (b) <u>Generalized arteriosclerosis</u>		<u>Unknown</u>
	17. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		<u>331X</u>

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT: SUICIDE HOMICIDE. (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, hldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED: WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 5-22, 1949, to 5-21, 1949, that I last saw the deceased alive on 5-24, 1949, and that death occurred at 5:25 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ernest S. Gantt MD</u>	23b. ADDRESS <u>105a West Monroe--Mexico, Mo.</u>	23c. DATE SIGNED <u>5-25-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/27/1949</u>	24c. NAME OF CEMETERY (Specify) <u>Martinsburg Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Martinsburg Missouri</u>
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DATE REC'D BY LOCAL REG. <u>May 26 1949</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Kelle</u>	ADDRESS <u>Kelleville Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**RECEIVED**

District Health Officer No.

District File Number 5-49

Date Filed MAY 31 1949

**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,       

Student Embalmer No.       

working under my personal supervision.

Student         
Student Embalmer

Signed

*A. B. Kulla*

Licensed Embalmer No. 1588

P. O. Address Killeville, 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 this body is not embalmed, fact should be so stated above.