

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4819
610

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY Platte			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 10 mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RFD. Parkville		0830	
d. FULL NAME OF HOSPITAL OR INSTITUTION Norlay Convalescent Home				d. STREET ADDRESS (If rural, give location) 3 miles East.			
3. NAME OF DECEASED (First) Fredrika		b. (Middle) none.		c. (Last) Wiester.		4. DATE OF DEATH (Month) (Day) (Year) Feb. 7 - 1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Feb. 4, 1871.	
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY home work		11. BIRTHPLACE (State or foreign country) Mo	
12. CITIZEN OF WHAT COUNTRY? USA.		13a. FATHER'S NAME John Wiester		13b. MOTHER'S MAIDEN NAME Fredrika Morash		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS M. A. Fleming Parkville, Mo			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage INTERVAL BETWEEN ONSET AND DEATH Hours			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis				Years Years			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 531X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., 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 2-6, 1950, to 2-7, 1950, that I last saw the deceased alive on 2-6, 1950, and that death occurred at 11:00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Frank T. Machovec (Degree or title) Frank T. Machovec, D.O.				23b. ADDRESS 2717 Rochester		23c. DATE SIGNED 2-8-50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Feb. 10-50		24c. NAME OF CEMETERY OR CREMATORIAL Diester		24d. LOCATION (City, town, or county) (State) Parkville Mo	
DATE REC'D BY LOCAL REG. 2-9-50		REGISTRAR'S SIGNATURE Seraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Leland H. Francis		ADDRESS Parkville Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

L. G. Francis
401 Main St
Parkville Mo
Dr. Macavie

Reka Diester

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, ~~on~~ by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed L. G. Francis

Licensed Embalmer No. 3457

P. O. Address Parkville, 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.