

FILED SEP 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27431

State File No.

BIRTH NO. REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4284 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>LaBelle</u>		c. LENGTH OF STAY (in this place) <u>37 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>La Belle</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>	b. (Middle) <u>L.</u>	c. (Last) <u>Wiesman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 1, 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Married</u> (Specify)	8. DATE OF BIRTH <u>August 10, 1879</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>21</u> Days	IF UNDER 10 HRS. Hours <u>0</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baker</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Hanover Holland</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joseph Wiesman</u>	13b. MOTHER'S MAIDEN NAME <u>Wilmina Bultz</u>	14. NAME OF HUSBAND OR WIFE <u>Florence Betsy Wiesman</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>0</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>0</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Florence Betsy Wiesman</u> ADDRESS <u>LaBelle Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Several yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug 31, 1950 to Sept 1, 1950 that I last saw the deceased alive on Aug 31, 1950 and that death occurred at 4:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Maeda B. Jones MD</u> (Degree of Title)	23b. ADDRESS <u>Knox City MO</u>	23c. DATE SIGNED <u>9/3/50</u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/3/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LaBelle Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>La Belle Missouri</u>
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DATE REC'D BY LOCAL REG. <u>9-5-50</u>	REGISTRAR'S SIGNATURE <u>P. J. Jennings</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. ...</u> ADDRESS <u>LaBelle Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

560
1

0560
0

4

4222

Date Received: SEP 9
DISTRICT HEALTH OFFICE
District File Number 9-5
Date Filed: SEP 11 1950

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 M. P. Kelly

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.
Signed W. A. Hodder Jr.

Licensed Embalmer No. 4328

P. O. Address La Belle

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.