

FILED OCT 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29352

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4024 Registrar's No. 70

0050

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

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry	
b. CITY OR TOWN Cassville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cassville, 0050	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barry County Hospital		d. STREET ADDRESS (If rural, give location) 1 1/2 miles southwest	

3. NAME OF DECEASED (Type or Print) a. (First) FRIEDA b. (Middle) S. c. (Last) WEIDENMILLER			4. DATE OF DEATH (Month) (Day) (Year) 9 22 1950		
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5. SEX F /	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W 2	8. DATE OF BIRTH 4/3/1876	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Blumfield twp., Michigan	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Henry Hack	13b. MOTHER'S MAIDEN NAME Fredericka Heuer	14. NAME OF HUSBAND OR WIFE Paul Wiedenmiller (dec'd)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. P. E. Vaughn	ADDRESS Cassville, Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 30 min.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis, 4-5 yrs DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	

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)	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 June 1949, to Sept. 22, 1950, that I last saw the deceased alive on Sept. 22, 1950, and that death occurred at 7:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE Mary Martha Don-O.	(Degree or title)	23b. ADDRESS Cassville, Mo.	23c. DATE SIGNED 9-23-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 9/24/50	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Springfield Mo.
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DATE REC'D BY LOCAL REG. Sept 23-1950	REGISTRAR'S SIGNATURE Grace Williams	10.	25. FUNERAL DIRECTOR'S SIGNATURE H. C. Koon	ADDRESS Cassville, Mo.
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DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED OCT 2 1950

Dist. File 1050-2018

Date Filed 10-2-50

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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.

Signed.....  
Student Embalmer

Signed James Kenneth Dunca  
Licensed Embalmer No. 4767  
P. O. Address Wharton M

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.