

FILED DEC 11 1950

STANDARD CERTIFICATE OF DEATH

38051

State File No.

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4431 Registrar's No. 139

850

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

1. PLACE OF DEATH

a. COUNTY Pulaski

b. CITY (If outside corporate limits, write RURAL and give town) Dixon

c. LENGTH OF STAY (in this place) _____

d. FULL NAME OF HOSPITAL OR INSTITUTION _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY Pulaski

c. CITY (If outside corporate limits, write RURAL and give town) Dixon

d. STREET ADDRESS (If rural, give location) _____

3. NAME OF DECEASED (Type or Print)

a. (First) William b. (Middle) Frederick c. (Last) Liesmann

4. DATE OF DEATH (Month) (Day) (Year) 11 29 1950

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 4/7/1865 9. AGE (In years last birthday) 85 IF UNDER 1 YEAR 7 MONTHS 22 DAYS IF UNDER 1 YEAR _____ HOURS _____ MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter, Ret. 10b. KIND OF BUSINESS OR INDUSTRY Own Business

11. BIRTHPLACE (State or foreign country) Baltimore, Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Frederick Liesmann 13b. MOTHER'S MAIDEN NAME Elizabeth Lauer 14. NAME OF HUSBAND OR WIFE Mary Liesmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. X 17. INFORMANT'S SIGNATURE OR NAME Mr. Ray Liesmann, Washington, Missouri ADDRESS _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure

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.

INTERVAL BETWEEN ONSET AND DEATH 5 years

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Oct 10, 1947, to Nov 29, 1950, that I last saw the deceased alive on Nov 29, 1950, and that death occurred at 5:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE W. Stanley Gates D.O. (Degree or title) 23b. ADDRESS Dixon, Mo. 23c. DATE SIGNED 12-1-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 12/1/1950 24c. NAME OF CEMETERY OR CREMATORY Dixon 24d. LOCATION (City, town, or county) (State) Dixon, Missouri

DATE REC'D BY LOCAL REG. 12-7-50 REGISTRAR'S SIGNATURE Thelma C. Buckthorn 25. FUNERAL DIRECTOR'S SIGNATURE Fred H. Gilbert, Dixon, Missouri ADDRESS _____

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12-7-50
Pulaski County Health Officer
File Number
Date Filed 12-7-50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Maurice Schierbaum

Licensed Embalmer No. 4505

P. O. Address Dixon, Missouri

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.