No. 300
10-48

FILED JAN 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 647

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 3

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

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1. PLACE OF DEATH
a. COUNTY: Cooper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boonville
c. LENGTH OF STAY (in this place): 2 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cooper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lamine, Rural 0270
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle):
c. (Last): Viertel

4. DATE OF DEATH (Month) (Day) (Year): Ja uary 4 1951

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: November 28 1861
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own farm
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland 1
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: John Viertel
13b. MOTHER'S MAIDEN NAME: Marie Schnuck
14. NAME OF HUSBAND OR WIFE: Dorsey Mae Neale Viertel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. William Viertel, Lamine, Missouri.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 12 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ~~arteriosclerosis~~
DUE TO (c): 471x

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerotic heart disease — 10 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: None performed
20. AUTOPSY? YES ☐ 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) m.
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* Dec 21, 1950, *to* Jan 4, 1951, *that I last saw the deceased alive on* Jan 3, 1951, *and that death occurred at* 1130a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. W. Winn M.D.
23b. ADDRESS: Boonville, Mo.
23c. DATE SIGNED: 1/5/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: January 6 1951
24c. NAME OF CEMETERY OR CREMATORY: Walnut Grove
24d. LOCATION (City, town, or county) (State): Boonville, Missouri.

DATE REC'D BY LOCAL REG.: 1-6-51
REGISTRAR'S SIGNATURE: D. E. Hooper 381
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Goodman & Boller, Boonville, Missouri.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-15-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 1-15-51

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 J H Goodman

Signed _____
Student Embalmer

Licensed Embalmer No. 1178

P. O. Address Boonville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.