

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16883**  
**2159**

FILED JUN 5 1951

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

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOSEPH HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>213 BROOKLYN AVENUE</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>FRANK</b>	b. (Middle) <b>CARL</b>	c. (Last) <b>Wiedemann</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>MAY. 17-1951</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>MARCH-2-1889</b>	9. AGE (In years last birthday) <b>62</b>	10. UNDER 1 YEAR Months Days	11. UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PLUMBER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>NICO PLUMBING 1020 E. MISSOURI ST.</b>	11. BIRTHPLACE (State or foreign country) <b>HARRINGTON KANSAS</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>MATHIAS WIEDEMANN</b>	13b. MOTHER'S MAIDEN NAME <b>LENA DUR</b>	14. NAME OF HUSBAND OR WIFE <b>MRS. GRACE WILLARD WIEDEMANN</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>494-14-3325</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. E.A. ACKERMAN</b>	ADDRESS <b>2751 BENTON BLVD. KANSAS CITY, MO</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac degeneration</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>1 year</b> <b>6 MO</b> <b>5410</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Nephrosclerosis</b>		
	DUE TO (c) <b>Ulcer of duodenum</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>4-30-51</b>	19b. MAJOR FINDINGS OF OPERATION <b>Rupture of duodenal ulcer</b>	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 **4-22, 1951**, to **5-17, 1951**, that I last saw the deceased alive on **5-17, 1951**, and that death occurred at **7:17 AM.**, from the causes and on the date stated above.

23a. SIGNATURE <b>John P. Skinner</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>1102 Grand St. PMO</b>	23c. DATE SIGNED <b>5-17-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>MAY-19-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MT. MORIAN CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>5-19-51</b>	REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W.W. Newcomer's Sons</b>	ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

*Bernard L. Moran*

Signed.....  
Student Embalmer

Licensed Embalmer No..... *4250*

P. O. Address..... *A. C. 1110*

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.