

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19253

State File No.

BIRTH NO. _____ REG. DIST. NO. 364 PRIMARY REG. DIST. NO. 6734 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Elkhorn Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Elkhorn Twp.	
c. LENGTH OF STAY (In this place) Life		1090	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) RFD #1, Box 61	

3. NAME OF DECEASED (Type or Print)	a. (First) Edward Gustave	b. (Middle) Vieth	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
				May 1, 1951

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 14, 1878	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (State or foreign country) Warren County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Anton Vieth	13b. MOTHER'S MAIDEN NAME Dorthea Taake	14. NAME OF HUSBAND OR WIFE Mary Wissler Vieth
---------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Vieth, Warrenton, Mo.	ADDRESS RFD #1
---	-------------------------------------	--	-----------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Aplastic Anemia.		INTERVAL BETWEEN ONSET AND DEATH 12 years.
	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. Hemachromatosis Ascites		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
		2924

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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1939, to May 1st, 1951, that I last saw the deceased alive on April 30, 1951, and that death occurred at 5:45p.m., from the causes and on the date stated above.

23a. SIGNATURE Holla G. Allen M.D.	(Degree or title)	23b. ADDRESS 634 N. Grove / St Louis Mo	23c. DATE SIGNED May 1-51
---	-------------------	--	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 4, 1951	24c. NAME OF CEMETERY OR CREMATORY Lippstadt Church Cem.	24d. LOCATION (City, town, or county) (State) So. of Warrenton, Mo.
---	------------------------------	---	--

DATE REC'D BY LOCAL REG. 5-2-51	REGISTRAR'S SIGNATURE Floyd Logan	421	25. FUNERAL DIRECTOR'S SIGNATURE F.W. Nieburg & Co., Warrenton, Mo.	ADDRESS
--	--	-----	--	---------

(Licensed Embalmer's Statement on Reverse Side)

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

090
1

File No. _____
DISTRICT HEALTH OFFICE No. 4

MAY 16 1951

RECEIVED

MAY 3 1951

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.

Student _____
Student Embalmer

Signed _____

John E. Herlinger

Licensed Embalmer No. 4409

P. O. Address Warrenton, Mo.

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.