

FILED JUL 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22570

| | | | | | | | |
|---|--|---|--|--|--|---|--|
| BIRTH NO. | | REG. DIST. NO. 98 | | PRIMARY REG. DIST. NO. 4165 | | Registrar's No. 55 | |
| 1. PLACE OF DEATH a. COUNTY <u>Barren</u> | | | | 2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Albany</u> | | | |
| b. CITY OR TOWN <u>Gallatin</u> | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN <u>Stewartsville</u> | | 1320 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stewartsville</u> | | | | d. STREET ADDRESS (If rural, give location) <u>1</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> | | b. (Middle) <u>Henry</u> | | c. (Last) <u>Wieder</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>7 6 1951</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>3-14-1867</u> | |
| 9. AGE (in years last birthday) <u>84</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret.</u> | | 11. BIRTHPLACE (State or foreign country) <u>Pa.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Chas. Wieder</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Rena B. Wieder</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>0</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Beryl W. Planch Gallatin Mo.</u> | | | |
| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Stomach</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Secondary Anemia</u> 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 <u>2 yrs</u> <u>1 yr</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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) (Minute) | | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>June 20, 1951</u> , to <u>July 6, 1951</u> , that I last saw the deceased alive on <u>July 5, 1951</u> , and that death occurred at <u>12:35 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Ray E. Nelson</u> (Degree or title) | | | | 23b. ADDRESS <u>Gallatin Mo.</u> | | 23c. DATE SIGNED <u>7-6-51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B.</u> | | 24b. DATE <u>7-9-51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Amity Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Amity Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>10 July 1951</u> | | REGISTRAR'S SIGNATURE <u>Virginia M. Engelhardt</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R.B. Summers</u> <u>Stewartsville Mo</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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_____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address Stewartville, 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.