

No. 300
10. 48

FILED AUG 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27559

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural (Bedford Twp)) c. LENGTH OF STAY (In this place) 30 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Bedford Twp) 0570	
d. FULL NAME OF HOSPITAL OR INSTITUTION Own Home		d. STREET ADDRESS (If rural, give location) Farm Residence	

3. NAME OF DECEASED (Type or Print)	a. (First) Dorthea	b. (Middle) Marie	c. (Last) Caroline Wieman	4. DATE OF DEATH (Month) (Day) (Year) August 6, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 12, 1898.	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Warren County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John H. Schneider	13b. MOTHER'S MAIDEN NAME Katherine Sievert	14. NAME OF HUSBAND OR WIFE Edward A. Wieman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) NONE	17. INFORMANT'S SIGNATURE OR NAME E. A. Wieman Troy, Missouri	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 180x
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. Carcinoma of kidney 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Hypernephroma of Right Kidney	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **7:30P** **est** from the causes and on the date stated above.

23a. SIGNATURE Hele, each med	(Degree or title)	23b. ADDRESS Troy Mo	23c. DATE SIGNED Aug 9/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/8/51	24c. NAME OF CEMETERY OR CREMATORY Evangelical Cemetery	24d. LOCATION (City, town, or county) (State) Troy, Missouri
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DATE REC'D BY LOCAL REG. Aug 28-1951	REGISTRAR'S SIGNATURE Emma R. Riddle	162	25. FUNERAL DIRECTOR'S SIGNATURE Kemper Funeral Home	ADDRESS Troy, Missouri.
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(Licensed Embalmer's Statement on Reverse Side)

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

570
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8-018-1957

File No. _____
DISTRICT HEALTH OFFICE No. 4

AUG 20 1951

RECEIVED

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, ~~JEB~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Joseph J. Marsh* _____

Licensed Embalmer No. 3932

P. O. Address Troy, 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.