

S. No. 300  
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Symphony 29210  
State File No. \_\_\_\_\_  
Registrar's No. 460

FILED AUG 23 1951

BIRTH NO. _____		REG. DIST. NO. 326		PRIMARY REG. DIST. NO. 4482		Registrar's No. 460	
1. PLACE OF DEATH a. COUNTY <u>scotland</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: address before admission) a. STATE <u>Mo</u> b. COUNTY <u>scotland</u>			
b. CITY OR TOWN <u>Memphis</u>		c. LENGTH OF STAY (in this place) <u>entire life</u>		c. CITY OR TOWN <u>Memphis</u>		0990	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>no</u>			
3. NAME OF DECEASED (First) <u>Theodore Bramlet</u> (Middle) <u>Wieland</u> (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>July 21-51</u>				
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>July 2 1865</u>	9. AGE (to years that birthday) <u>86</u>	if under 1 YEAR	if under 12 Hrs.	if under 1 Min.
10a. USUAL OCCUPATION (One kind of work done during most of work life even if retired) <u>Retired farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>scotland Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John Wieland</u>		13b. MOTHER'S MAIDEN NAME <u>marie Barker</u>		14. NAME OF HUSBAND OR WIFE <u>Melvena Wieland</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jessie Hyde</u> ADDRESS <u>Memphis</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebral Hemorrhage</u>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (b) <u>High blood pressure</u> (c) <u>Nephritis</u>					
		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 <u>593X</u>				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) _____		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 <u>July 1st, 1950</u> to <u>July 21, 1951</u> , that I last saw the deceased alive on <u>July 21, 1950</u> , and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. L. Symmonds, M.D.</u> (Degree or title)				23b. ADDRESS <u>Memphis, Mo</u>		23c. DATE SIGNED <u>Aug 11-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 23-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memphis</u>		24d. LOCATION (City, town, or county) (State) <u>Memphis Mo</u>		
DATE REC'D BY LOCAL REG. <u>8/15/1951</u>		REGISTRAR'S SIGNATURE <u>O. M. Baker</u> 407		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. D. D. D.</u>		ADDRESS <u>Memphis</u>	

0990

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

Date Received: AUG 22 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 8-51-1499  
Date Filed: AUG 22 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 \_\_\_\_\_

Licensed Embalmer No. 4258

P. O. Address Memphis

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.