

5. No. 300
EV. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34509

FILED OCT 30 1951

BIRTH NO. _____ REG. DIST. NO. 256 PRIMARY REG. DIST. NO. 4374 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clyde Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mile East of Clyde, Mo 0740	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mile East of Clyde		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED a. (First) Mr. Frank b. (Middle) Wiederholt c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Oct. 19 1951		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) widower 2	8. DATE OF BIRTH Feb. 2 1865	9. AGE (In years last birthday) 86	10. MONTHS 0	11. DAYS 0	12. HOURS 0	13. MIN. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Wisconsin /	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Jo S. Wiederholt	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Elizabeth, Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Chas. Wiederholt	ADDRESS Clyde, Mo.
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septicemia		3 wks
	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. Cardiac decompensation, Sclerolyzed arterio sclerosis		2 yrs. 10 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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 April 12, 1947, to Oct. 17, 1951, that I last saw the deceased alive on Oct. 17, 1951, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE Paul J. Kadell	(Degree or title) M.D.D.	23b. ADDRESS Conception jet., Mo.	23c. DATE SIGNED Oct. 20, 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/28/51	24c. NAME OF CEMETERY OR CREMATORY columba	24d. LOCATION (City, town, or county) (State) Conception, MO
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DATE REC'D BY LOCAL REG. Oct 20-51	REGISTRAR'S SIGNATURE Mrs. Elva Crishaw 370	25. FUNERAL DIRECTOR'S SIGNATURE - ADDRESS Luby & Phillips, Stouffville, MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embellisher's Statement on Reverse Side)

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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

Lator, H. Phillips

~~Signed.....
Student Embalmer~~

Licensed Embalmer No. 1898

P. O. Address Stouchey, 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.