

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38587

State File No.

FILED DEC 8 - 1951

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 379

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bonne Terre</u>	c. LENGTH OF STAY (in this place) <u>18 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - Big River</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Bonne Terre Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 1 - Hillsboro</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Otto</u> b. (Middle) <u>Thornton</u> c. (Last) <u>Wideman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 21 - 1951</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Aug. 8 - 1880</u>	9. AGE (In years last birthday) <u>71</u> Months <u>2</u> Days <u>13</u>	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Gen'l FARMING WARE, Mo</u>	11. BIRTHPLACE (State or foreign country) <u>U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Samuel Wideman</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Huskey</u>	14. NAME OF HUSBAND OR WIFE <u>MARY McMANUS WIDEMAN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>494-26-0931</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Arthur Wideman</u>	ADDRESS <u>St Louis, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic heart disease</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Second and third degree burns right forearm and anterior chest.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>?</u> <u>18 days</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>forearm and anterior chest.</u>	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 11-3, 1951, to 11-21, 1951, that I last saw the deceased alive on 11-20-51, 1951, and that death occurred at 8:10 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. W. T. Taylor, M.D.</u>	23b. ADDRESS <u>33 N. Allen, Bonne Terre, Mo.</u>	23c. DATE SIGNED <u>11-21-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-23-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn De Soto, Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov 24, 1951</u>	REGISTRAR'S SIGNATURE <u>Ethel Rudolph</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lee Mathershead</u>	ADDRESS <u>De Soto, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 3 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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Andrew H. England

Licensed Embalmer No. 4745

P. O. Address De Soto, 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.