

FILED JAN 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

1892

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mount Vernon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mount Vernon</u> <u>0550</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Sanatorium</u>		d. STREET ADDRESS (If rural, give location) <u>J</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Wilbern</u>	b. (Middle) <u>R.</u>	c. (Last) <u>Mieswinkel</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 13, 1952</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>Married</u>	8. DATE OF BIRTH <u>OCT. 4</u> <u>Approx 1904</u>	9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Automotive driver</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>State Sanatorium</u>	11. BIRTHPLACE (State or foreign country) <u>Lawrence County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Fred Mieswinkel</u>	13b. MOTHER'S MAIDEN NAME <u>Approx</u>	14. NAME OF HUSBAND OR WIFE <u>WEISE</u> <u>Corda Mieswinkel</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>Unknown</u>	16. SOCIAL SECURITY NO. <u>487-28-8008</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ruby W. Peck, Mt. Vernon, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH (State 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypernephroma</u>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>180 X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Dec. 1, 1951, to Jan. 13, 1952, that I last saw the deceased alive on 1-13-, 1952 and that death occurred at 12: noon from the causes and on the date stated above.

23a. SIGNATURE <u>C.A. Brashear M.D.</u>	(Degree or title)	23b. ADDRESS <u>Mt. Vernon, Missouri</u>	23c. DATE SIGNED <u>1-13-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan-15-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Mt. Vernon Mo</u>
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DATE REC'D BY LOCAL REG. <u>Jan. 21, 1952</u>	REGISTRAR'S SIGNATURE <u>R. Paul Henderson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Max L. Fossett</u>	ADDRESS <u>McKinnon Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed..... *Max E Fossett*

Licensed Embalmer No. *4252*

P. O. Address *McKernon, 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.

Missouri
Lawrence

13th

Deputy Registrar, District 383
February

William R. Mieswinkel

Mt. Vernon

October 11, 1901

(was left blank on original)

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Fred Mieswinkel

13a

Mary Weise

13b

1952

5-1892

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her

January 13, 1952

Jan. 21 52

Dorothy J. Kent
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Dep. Reg.

No. State San., Mt. Vernon, Mo.

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February

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