

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4770

FILED MAR 10 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5541 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Holt</u>	
b. CITY OR TOWN <u>Rural - South Union Township</u>		c. CITY OR TOWN <u>Corning</u>	
c. LENGTH OF STAY (in this place) <u>2 Weeks</u>		d. STREET ADDRESS (If rural, give location) <u>0440</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 miles West 1 mile South of Craig</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Gustav</u> b. (Middle) <u>Adolph</u> c. (Last) <u>Viets</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 1, 1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>April 28, 1877</u>		9. AGE (In years last birthday) <u>74</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
11. IF UNDER 1 HR. Hours _____ Mins. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>On the farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Atchison County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Jacob Viets</u>		13b. MOTHER'S MAIDEN NAME <u>Catherina Veinett</u>		14. NAME OF HUSBAND OR WIFE <u>Louisa Viets</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Alfred Zolner - Craig, Mo.</u>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mezenteric Embolus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9 hrs.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Influenza</u>		<u>10 days</u>	
		DUE TO (c) <u>Cancer of Prostate</u>		<u>2 yrs</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>481X H</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 June, 1948, to March, 1952, that I last saw the deceased alive on March 1, 1952, and that death occurred at 8.15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. J. Bruce M.D. D.O.</u>		23b. ADDRESS <u>Craig Mo.</u>		23c. DATE SIGNED <u>3/2/52</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 4, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hunters Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>Near Rock Port Mo.</u>			

DATE REC'D BY LOCAL REG. <u>3/3/1952</u>		REGISTRAR'S SIGNATURE <u>James A. Crawford</u> 469		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wilbur L. Schooley - Craig, Mo.</u>	
--	--	--	--	---	--

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

44

JUL 17 1953

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.....

*myself*

working under my personal supervision.

Student Embalmer No.....

Signed *Wilbur L. Schooner*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3997*

P. O. Address *Craig, 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.