

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **17379**

FILED JUN 2 1953
 BIRTH NO. _____ REG. DIST. NO. **69** PRIMARY REG. DIST. NO. **5272** Registrar's No. **9**

1. PLACE OF DEATH a. COUNTY CHRISTIAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CHRISTIAN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "RURAL" POLK		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "RURAL" POLK 0720	
c. LENGTH OF STAY (In this place) 74 YEARS		d. STREET ADDRESS (If rural, give location) RT#2, BILLINGS	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home			

3. NAME OF DECEASED (Type or Print) a. (First) AUGUST b. (Middle) FREDERICK c. (Last) WIECK			4. DATE OF DEATH (Month) (Day) (Year) MAY 24-1953		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 26-1872	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Days 9 IF UNDER 1 HR. Hours 28 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (State or foreign country) GERMANY	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME CHRIS WIECK		13b. MOTHER'S MAIDEN NAME MINNIE SCHULTZ		14. NAME OF HUSBAND OR WIFE ANNA MIEKLEY, WIECK	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. ANNA WIECK, RT.#2, BILLINGS, MO.	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH
	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 4201	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 **5-24, 1953**, to **5-24, 1953** that I last saw the deceased alive on **5-24, 1953** and that death occurred at **8:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. B. Mitchell M.D.		23b. ADDRESS Republic, Mo.		23c. DATE SIGNED 5-29-53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 28-1953	24c. NAME OF CEMETERY OR CREMATORY ST. PETER'S EVANGELICAL	24d. LOCATION (City, town, or county) (State) BILLINGS, MISSOURI	
DATE REC'D BY LOCAL REG. May 30, 1953	REGISTRAR'S SIGNATURE Alline Drier	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John Dean Harris, Clever, Mo.		

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

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OCT 26 1984

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 John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Clever, 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.