

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38912**

FILED DEC 8 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **140** PRIMARY REG. DIST. NO. **5549** Registrar's No. **106**

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

1. PLACE OF DEATH a. COUNTY <b>Howard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fayette, Mo. Richmond</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fayette Richmond Twp.</b>	
c. LENGTH OF STAY (in this place) <b>9 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>R. R. #1 0450</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>#R.R. 1 Fayette.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b>	b. (Middle) <b>Eliza</b>	c. (Last) <b>Wiehard</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 28, 1953</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>3/6/1908</b>
9. AGE (In years last birthday) <b>45</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Work</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Howard Coutny Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>Howard Coutny Missouri</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Wyndom Munckton.</b>	13b. MOTHER'S MAIDEN NAME <b>Ella Mounter</b>	14. NAME OF HUSBAND OR WIFE <b>Carlie Wiehard</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Carlie Wiehard Fayette, Mo.</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Strangulation</b>  ANTECEDENT CAUSES DUE TO (b) <b>Suicide</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <b>Menopausal Depression 340</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>E974X</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. <del>SCENE OF SUICIDE</del> HOMEPLACE (Specify) <b>Suicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Farm</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Fayette Howard MO</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>11-28 5:30</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Strangulation (Hanging)</b>	
I hereby certify that I attended the deceased from <b>11-28, 1953</b> to <b>11-28, 1953</b> , that I last saw the deceased alive on <b>11-28, 1953</b> and that death occurred at <b>9:00</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>W. Bloom, M.D.</b>	(Degree or title)	23b. ADDRESS <b>Fayette Mo</b>	23c. DATE SIGNED <b>11-30-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11/30/1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Walnut Ridge Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Fayette, Missouri</b>
DATE REC'D BY LOCAL REG. <b>11-30-53</b>	REGISTRAR'S SIGNATURE <b>Mary K. Shell 436</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ralph A. Carr Fayette, Mo.</b>	

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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 Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.