

FILED NOV 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39937**

5941

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. ~~300~~ Registrar's No. **233**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Miller		c. LENGTH OF STAY (in this place) Approx. 80 Yrs	c. CITY OR TOWN Rolla
d. FULL NAME OF (If not in hospital or institution, give street address or location) Route 3, Nagogami Road.		e. STREET ADDRESS (If rural, give location) Route 3... Rolla	

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) BERNARD	c. (Last) WIESE	4. DATE OF DEATH (Month) (Day) (Year) Nov. 13, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 27, 1871	9. AGE (In years last birthday) 82 # UNDER 1 YEAR Months # UNDER 24 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (One's kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Jefferson County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry Wiese	13b. MOTHER'S MAIDEN NAME Wihlmina Burmeister	14. NAME OF HUSBAND OR WIFE Julia M. Wiese (Deceased)
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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) NO XX	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ernest Wiese, Rt. 3, Rolla Mo.	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis (During Sleep).		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) Arteriosclerosis. Senility		
	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 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) Rolla, Phelps, Missouri
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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 _____, 19____, to _____, 19____, that I last saw the deceased alive on **Nov. 14, 1953**, and that death occurred at **9 PM** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) S. E. Noll - Doctor	23b. ADDRESS Rolla, Missouri	23c. DATE SIGNED 11-15-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 16, 1953	24c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery	24d. LOCATION (City, town, or county) (State) Rolla Phelps Mo.
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DATE REC'D BY LOCAL REG. Nov. 16, 1953	REGISTRAR'S SIGNATURE Nadine L. Stoll	25. FUNERAL DIRECTOR'S SIGNATURE Null & Son Funeral Home By: Paul E. Null	ADDRESS Rolla Mo.
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(Licensed Embalmers' Statement on Reverse Side)

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

0610

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.....
Signature of Student Embalmer

Signed..... *Paul E. Nultz*

Licensed Embalmer No. *4498*

P. O. Address *Rolla, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.