

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

FILED DEC 30 1953  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3030 Registrar's No. 119

0502

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

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Justus</u>		c. CITY OR TOWN <u>Justus Mo</u>	
c. LENGTH OF STAY (In this place) <u>6 yrs</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>303 Henry St</u>	
3. NAME OF DECEASED a. (First) <u>Martin A</u> b. (Middle) <u>Viehlend</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>12-24-53</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>9-18-1889</u>
9. AGE (In years last birthday) <u>64</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Repair</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Repair</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bermann, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	13a. FATHER'S NAME <u>Louis Viehlend</u>	13b. MOTHER'S MAIDEN NAME <u>Sophie Bode</u>	14. NAME OF HUSBAND OR WIFE <u>Ella Viehlend</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>496-36-1169</u>	17. INFORMANT'S SIGNATURE AND NAME <u>Ella Viehlend</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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary sclerosis</u> 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 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) <u>4201</u>	
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 <u>March 12</u> , 19 <u>52</u> , to <u>Sept</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>July 7</u> , 19 <u>53</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Arthur Gagnier</u>	(Degree or title)	23b. ADDRESS <u>Justus, Mo</u>	23c. DATE SIGNED <u>12/26/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-27-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Martin's</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson Mo</u>
DATE REC'D BY LOCAL REG. <u>12-26-53</u>	REGISTRAR'S SIGNATURE <u>Genevieve Collette</u>	FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Casey &amp; Tenot of Clair Mo</u>	

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(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED      DEC 29 1953

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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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4344

P. O. Address Sta. #. St. Clair, 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.