

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4456

State File No.

BIRTH NO. FILED FEB 18 1954 REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4181 Registrar's No.

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY CRAWFORD	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SULLIVAN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BOURBON	
c. LENGTH OF STAY (in this place) 5 YRS.		d. STREET ADDRESS (If rural, give location) 280	
d. FULL NAME OF HOSPITAL OR INSTITUTION NORTHSIDE HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) HENRIETTA b. (Middle) VIEMAN c. (Last) VIEMAN			4. DATE OF DEATH (Month) (Day) (Year) FEB 12 54		
--	--	--	--	--	--

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DEC. 14, 1857	9. AGE (In years last birthday) 96	# UNDER 1 YEAR 1	YEAR 28	# UNDER 100 HRS. 0	# UNDER 1000 HRS. 0
----------------------	-------------------------------	---	---------------------------------------	---	-------------------------	----------------	---------------------------	----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) MERAMEC SPRINGS	12. CITIZEN OF WHAT COUNTRY? U.S.
---	--	--	--

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME SARAH WIEST	14. NAME OF HUSBAND OR WIFE L.D. VIEMAN
-----------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Mrs. Fannie Mattox	ADDRESS Sullivan, 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) Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardio-Vascular Disease		
	DUE TO (c) Senility		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.			20 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 Aug, 1953, to Feb 12, 1954, that I last saw the deceased alive on Feb 11, 1954, and that death occurred at 5:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Merle A. Peterson, M.D.	23b. ADDRESS 40 1/2 N. Clark St. Sullivan Mo.	23c. DATE SIGNED 2-15-54
---	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2-14-54	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. CEMETERY	24d. LOCATION (City, town, or county) (State) SULLIVAN MO
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. 2/15/54	REGISTRAR'S SIGNATURE Thomas A. Humphrey	25. FUNERAL DIRECTOR'S SIGNATURE H. Matton	ADDRESS Sullivan, Mo.
---	---	---	------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

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

J. A. Humphrey

Licensed Embalmer No. *4772*

P. O. Address *Sullivan, 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.