

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7445

State File No.

FILED MAR 8 1954

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>SALINE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SA PETTIS</u>	
b. CITY OR TOWN <u>MARSHALL</u>		c. CITY OR TOWN <u>RURAL</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>14 DAYS</u>		e. STREET ADDRESS (If rural, give location) <u>3 MILES NORTH OF HOUSTONIA</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FITSGIBBONS HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED</u> b. (Middle) <u>-</u> c. (Last) <u>VIETS</u>			4. DATE OF DEATH <u>FEBRUARY 28-1954</u> (Month) (Day) (Year)		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	8. DATE OF BIRTH <u>MARCH 13, 1872</u>	9. AGE (In years last birthday) <u>81</u>	10. MONTHS <u>0</u> 11. DAYS <u>0</u> 12. HOURS <u>0</u> 13. MIN. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>GERMANY 4</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>JOACHIM VIETS</u>		13b. MOTHER'S MAIDEN NAME <u>MARIE HARMS</u>		14. NAME OF HUSBAND OR WIFE <u>MATILDA DEDEKE</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lydia Schely-Houstonia, Mo</u> ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>13 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arteriosclerosis (Heart & Suralys)</u>	
				DUE TO (c) <u>Generalized Arteriosclerosis Suralys</u>	
		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"/>	
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 Dec 7, 1953, to Feb 28, 1954, that I last saw the deceased alive on Feb 28, 1954, and that death occurred at 3:40 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles A. Miller, M.D.</u>		23b. ADDRESS <u>Sweet Springs, Missouri</u>		23c. DATE SIGNED <u>3/2/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MARCH 3, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW CEMETERY</u>	
				24d. LOCATION (City, town, or county) (State) <u>SWEET SPRINGS MO</u>	

DATE REC'D BY LOCAL REG. <u>3-6-54</u>		REGISTRAR'S SIGNATURE <u>Richard T. Gray 395</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. J. Parker - Sweet Springs, Mo</u> ADDRESS _____	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

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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 *L. F. Parker*

Licensed Embalmer No. *384*

P. O. Address *Sweet Springs*

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.