

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8205**

BIRTH NO. **FILED APR 7 1954** REG. DIST. NO. **115** PRIMARY REG. DIST. NO. **4187** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Union, Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Berger, Mo</b>	
c. LENGTH OF STAY (in this place) <b>3 Mth's</b>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Prebbyterien Church</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>WHALIKA</b>	b. (Middle) <b>MARGARET</b>	c. (Last) <b>FIESELMANN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>4 1 1954</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>9-24-1870</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>7</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Housekeeping</b>	11. BIRTHPLACE (State or foreign country) <b>Hermann, Mo. RFD 0</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John Fritz</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Stein</b>	14. NAME OF HUSBAND OR WIFE <b>Louis M. Fieselmann</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Henry Fieselmann</b> ADDRESS <b>Berger, Mo.</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>5 min</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary disease</b> DUE TO (c) <b>DM</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>LD 11</b>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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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 **7-17**, 19**53**, to **4-1**, 19**54**, that I last saw the deceased alive on **3-29**, 19**54**, and that death occurred at **3:45 P m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>H.M. Henry</b> (Degree or title) <b>0 M.D.</b>	23b. ADDRESS <b>Union Mo</b>	23c. DATE SIGNED <b>4-2-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-3-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. John's E&amp;R Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Berger Mo</b>
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DATE REC'D BY LOCAL REG. <b>April, 2 1954</b>	REGISTRAR'S SIGNATURE <b>D.T. Cooper</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul H. Blumer</b> ADDRESS <b>Berger Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48  
61  
3

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed..... *August H. Plummer*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3160*

P. O. Address. *Herrmann 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.