

FILED JUN 1 1954

STANDARD CERTIFICATE OF DEATH

16615

State File No.

BIRTH NO.		REG. DIST. NO. <u>207</u>		PRIMARY REG. DIST. NO. <u>4318</u>		Registrar's No. <u>25</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Maries				a. STATE Missouri b. COUNTY Maries			
b. CITY (If outside corporate limits, write RURAL and give township) Vienna, Mo.				c. CITY (If outside corporate limits, write RURAL and give township) Vienna, Mo.			
c. LENGTH OF STAY (in this place) Life				d. STREET ADDRESS (If rural, give location) 0630			
d. FULL NAME OF HOSPITAL OR INSTITUTION							
3. NAME OF DECEASED (Type or Print)		a. (First) Mary		b. (Middle) Josephine		c. (Last) Viessman	
4. DATE OF DEATH		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH May 29, 1894.		9. AGE (In years last birthday) 59		10. MONTHS 11		11. DAYS 20	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Thomas McDonald		13b. MOTHER'S MAIDEN NAME Elizabeth Haggerty		14. NAME OF HUSBAND OR WIFE Charles Viessman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Eugene Viessman, Rolla, Mo.		ADDRESS	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis					
*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) arteriosclerosis					
		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? 1201	
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)		YES ☐ NO ☒	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:30 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE [Signature]		(Degree or title) Coroner		23b. ADDRESS Vienna, Mo.		23c. DATE SIGNED 5/21/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/22/54		24c. NAME OF CEMETERY OR CREMATORY Visitation		24d. LOCATION (City, town, or county) (State) Vienna, Mo.	
DATE REC'D BY LOCAL REG. 5-25-54		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Vienna, 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 _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed _____

Student Embalmer No. _____

Licensed Embalmer No. 3664

P. O. Address _____

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.