

FILED SEP 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26772**
REGISTRAR'S NO. **139**

BIRTH NO. _____		REG. DIST. NO. 116		PRIMARY REG. DIST. NO. 5434		REGISTRAR'S NO. 139	
1. PLACE OF DEATH a. COUNTY Franklin.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Franklin			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington, Rural, St. John's		c. LENGTH OF STAY (in this place) 6 1/2 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington, Rural, St. John's		d. STREET ADDRESS (If rural, give location) 7 1/2 mi. West of Washington, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7 1/2 mi. West of Washington, Mo.				3. NAME OF DECEASED a. (First) Clara b. (Middle) Christine c. (Last) Viedt			
4. DATE OF DEATH Aug. 31st, 1954.		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Jan. 10th, 1861		9. AGE (In years last birthday) 93		if UNDER 1 YEAR Days 7		if UNDER 1 Mth. Hours 21	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-work.		10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (City and State or Foreign Country) Friendship, Indiana.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Louis Schwamb.		13b. MOTHER'S MAIDEN NAME Rosalia Obendorf		14. NAME OF HUSBAND Charles Viedt.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Arthur Viedt R. / W. ADDRESS Washington, 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.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion Sudden death INTERVAL BETWEEN ONSET AND DEATH 10 yrs. ANTECEDENT CAUSES Arteriosclerotic cardio renal disease DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION No operation		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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) (Min.)		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 8/21, 1947 , to 8/31, 1954 , that I last saw the deceased alive on 8/31, 1954 , and that death occurred at 2:15A m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) B. V. Gissmann M.D.				23b. ADDRESS New Haven, Mo.		23c. DATE SIGNED 9/2/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 2, 1954.		24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery,		24d. LOCATION (City, town, or county) (State) Washington, Mo.	
DATE REC'D BY LOCAL REG. 9/2/54		REGISTRAR'S SIGNATURE W. J. ...		25. FUNERAL DIRECTOR'S SIGNATURE Wierburg & Vitt Inc.		ADDRESS Washington, Mo.	

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 *A. F. Fisher* _____

Licensed Embalmer No. *2387* _____

P. O. Address *Washington 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.

4/21/51e