

FILED AUG 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28155**

BIRTH NO. _____ REG. DIST. NO. **383** PRIMARY REG. DIST. NO. **4280** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) S. of Shatta City		c. CITY (If outside corporate limits, write RURAL and give township) Miller Greene	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) R. F. D. 0550	
d. FULL NAME OF HOSPITAL OR INSTITUTION Union Church			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Mark c. (Last) Wiechert			4. DATE OF DEATH (Month) (Day) (Year) 8-8-1954					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-5-1893	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 4	IF UNDER 1 MONTH Days 3	IF UNDER 1 HOUR Hours 5	IF UNDER 1 MIN. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Bible Grove Ark.		12. CITIZEN OF WHAT COUNTRY?		

13a. FATHER'S NAME Wm. Wiechert		13b. MOTHER'S MAIDEN NAME Caroline Budde		14. NAME OF HUSBAND OR WIFE Jennie Wiechert			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Jennie Wiechert Miller		ADDRESS Miller 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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Died suddenly		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. of a femoral 4201		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Presumably c. Thrombosis		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **2 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. D. Duesett		23b. ADDRESS Coroner Lawton		23c. DATE SIGNED Mr. Vernon Mo. 8-8-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-11-1954		24c. NAME OF CEMETERY OR CREMATORY Zion Evangelic	
DATE REC'D BY LOCAL REG. 8-13-54		REGISTRAR'S SIGNATURE Cecil Hendricks		24d. LOCATION (City, town, or county) (State) S. W. of Mt. Vernon Mo.	
REGISTRAR'S SIGNATURE Cecil Hendricks		25. FUNERAL DIRECTOR'S SIGNATURE Morris - Vernon Miller Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 23

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

E. B. Leinon

Signed.....
Student Embalmer

Licensed Embalmer No. 3897

P. O. Address Miller 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.