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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22460
2960
Registrar's No.

FILED AUG 3 - 1955

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2960	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 49 yrs.		c. CITY OR TOWN KANSAS CITY		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital				STREET ADDRESS (If rural, give location) 4315 BELLEFONTAINE AVENUE			
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Fred c. (Last) WIESE			4. DATE OF DEATH (Month) (Day) (Year) July 2, 1955				
5. SEX 0 MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Sept 16, 1881		9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRESSMAN		10b. KIND OF BUSINESS OR INDUSTRY WAXIDIE PAPER CO		11. BIRTHPLACE (City and State or Foreign Country) CLEVELAND OHIO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William WIESE		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE SOPHIA CAROLINE WIESE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 486-01-3847		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sophia Caroline Wiese 4315 Bellefontaine			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Central Thrombosis				Antecedent Causes: Arterio-sclerosis			3 hrs
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.			332X
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) (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 6/4/1954, to 7/7/1955, that I last saw the deceased alive on 6/29/1955, and that death occurred at 4:50P.M., from the causes and on the date stated above.							
23a. SIGNATURE Edson G. Carrier, M.D. (Degree or title)				23b. ADDRESS 242 Plaza Med. Bldg		23c. DATE SIGNED 7/8/55	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 7-9-55	24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah		24d. LOCATION (City, town, or county) (State) K.C. Jackson, Mo		
DATE REC'D BY LOCAL REG. 7-10-55		REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE D.W. NEWSOME'S SONS BRUSH CREEK BLVD 133 ADDRESS K.C. MO.			

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

(Licensed Embalmer's Statement on Reverse Side)

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..... *Edward M. Ste...*
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Licensed Embalmer No.....

P. O. Address *K.C., 10*

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.