

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 1 1956

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3007

State File No. _____
Registrar's No. 177

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. 177	
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Wayne					
b. CITY (If outside corporate limits, write RURAL and give town) Poplar Bluff			c. LENGTH OF STAY (In this place) 4 days		c. CITY OR TOWN Piedmont		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hospital				e. STREET ADDRESS (If rural, give location) 1110					
3. NAME OF DECEASED (Type or Print) a. (First) Edwin			b. (Middle)		c. (Last) Wiese		4. DATE OF DEATH (Month) (Day) (Year) Feb. 16, 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 5, 1887		9. AGE (In years last birthday) 68	
						IF UNDER 1 YEAR Months 3		IF UNDER 24 HRS. Days 11 Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Resort Owner				10b. KIND OF BUSINESS OR INDUSTRY Resort		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Fredrick Wiese			13b. MOTHER'S MAIDEN NAME Louisa Rolthmeyer			14. NAME OF HUSBAND OR WIFE Sidney Elizabeth Wiese			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Ena Morris ADDRESS 4945A. Thorzland St. Louis, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Physician ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Failure DUE TO (c) Subacute Tuberculosis (lung) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bilateral Sclerosis						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? 002x 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) (m.)		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 2-14, 1956 to 2-16, 1956 , that I last saw the deceased alive on 2-16, 1956 , and that death occurred at 11:50 p.m. from the causes and on the date stated above.									
23a. SIGNATURE W. Markel M.D. (Degree or title)				23b. ADDRESS Poplar Bluff, Mo.			23c. DATE SIGNED 2/24/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/18/56		24c. NAME OF CEMETERY OR CREMATORY Masonic Cem.		24d. LOCATION (City, town, or county) (State) Piedmont, Mo.			
DATE REC'D BY LOCAL REP. 2/24/56		REGISTRAR'S SIGNATURE Edmund			25. FUNERAL DIRECTOR'S SIGNATURE Norman W. Gish		ADDRESS Piedmont, Mo.		

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

