

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16962

State File No.

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5666 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Union Twp</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Five miles West of LeBoeuf</u>		e. STREET ADDRESS (If rural, give location) <u>Five miles West of LeBoeuf</u> ⁰⁵⁶⁰	
3. NAME OF DECEASED a. (First) <u>Charles</u> b. (Middle) <u>Frederick</u> c. (Last) <u>Wiesemann</u>		4. DATE OF DEATH Month <u>May</u> Day <u>18</u> Year <u>1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED <u>Widowed</u>	8. DATE OF BIRTH <u>March 30, 1894</u> <u>82</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lewis County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13. FATHER'S NAME <u>George Wiesemann</u>	
13b. MOTHER'S MAIDEN NAME <u>Kathryn Stoney</u>		14. NAME OF HUSBAND OR WIFE <u>Ida Lydia Wiesemann</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Twine Hornaday LeBoeuf</u>		ADDRESS <u>LeBoeuf, Mo</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Cardiac Failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u> <u>Unknown</u> <u>Unknown</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>44 3X</u>	
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 <u>July 10, 1955</u> , to <u>May 17, 1956</u> , that I last saw the deceased alive on <u>May 17, 1956</u> , and that death occurred at <u>11:05 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Sam H. Roberts</u>		23b. ADDRESS <u>LeBoeuf, Mo.</u>	
23c. DATE SIGNED <u>5-21-56</u>			
24a. BURIAL: CREMATION, REMOVAL (Specify)	24b. DATE <u>May 21, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pover Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lewis County, Mo</u>
DATE REC'D BY LOCAL REG. <u>5-22-56</u>	REGISTRAR'S SIGNATURE <u>P.W. Jennings, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Kenneth Bailey</u>	
		ADDRESS <u>LeBoeuf, Mo</u>	

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.