

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 3 1956

State File No. **40404**

BIRTH NO. _____		REG. DIST. NO. 363		PRIMARY REG. DIST. NO. 6336		Registrar's No. 14	
1. PLACE OF DEATH a. COUNTY Warren				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Warren			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Charrette		c. LENGTH OF STAY (In this place) 38 years		c. CITY OR TOWN Rural-Charrette		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 1 mile East Dutzow, Mo.				e. STREET ADDRESS (If rural, give location) 1 Mile East Dutzow, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) Leo		b. (Middle) Henry		c. (Last) Wiethar		4. DATE OF DEATH (Month) (Day) (Year) November 26, 1956	
5. SEX <input checked="" type="checkbox"/> Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 16, 1886	
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY Building Painter		11. BIRTHPLACE (City and State or Foreign Country) Warren County, Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY Building Painter		11. BIRTHPLACE (City and State or Foreign Country) Warren County, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Herman Wiethar			13b. MOTHER'S MAIDEN NAME Emma Kopmann			14. NAME OF HUSBAND OR WIFE Olga Wiethar	
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. 488-26-0524		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Leo Wiethar, Marthasville, 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) Acute myocardial infarction ANTECEDENT CAUSES DUE TO (b) Coronary atherosclerosis DUE TO (c) General arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 420.1				INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hr 1952 1948	
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) 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 9-12-52 , 19 52 , to 11-26 , 19 56 , that I last saw the deceased alive on 11-26 , 19 56 , and that death occurred at 5 P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) MD Edmund W. Marthasville Mo				23b. ADDRESS Marthasville Mo		23c. DATE SIGNED 11-28-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/29/56		24c. NAME OF CEMETERY OR CREMATORY St. Vincent's Cemetery		24d. LOCATION (City, town, or county) (State) Dutzow, Missouri	
DATE REC'D BY LOCAL REG. 11/28/56		REGISTRAR'S SIGNATURE HC Johnson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edmond T. Luthert Marthasville, Mo.			

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

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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 *Edmond F. Luckenberry*

Licensed Embalmer No..... 4318

P. O. Address *Marthasville, M*

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.