

FILED NOV 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36769

STATE FILE NUMBER

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 264

1. PLACE OF DEATH a. COUNTY <u>NODAWAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>NODAWAY</u>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MARYVILLE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>STANBERRY</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. FRANCIS</u>			Length of stay in 1b <u>5 DAYS</u>		d. STREET ADDRESS <u>R.R. #3</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) <u>ALOYSIUS JOSEPH WIEDERHOLT</u>				First Middle Last		4. DATE OF DEATH Month Day Year <u>OCT 22 1957</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>June 6, 1896</u>					
9. AGE (In years last birthday) <u>61</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 country) <u>GILBERT STATION, MO</u>				
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13. FATHER'S NAME <u>GEORGE WIEDERHOLT</u>				14. MOTHER'S MAIDEN NAME <u>DOROTHY KING</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>592X</u>		17. INFORMANT Address <u>STANBERRY, MO</u> <u>MRS. ANNA WIEDERHOLT</u>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic nephritis with uremia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____								INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION <u>592X</u>				COUNTY _____ STATE _____		
21. I attended the deceased from <u>10/15/57</u> to <u>10/22/57</u> and last saw ^{her} him alive on <u>10/19/57</u> Death occurred at: <u>10:25 P. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <u>H. C. Bauman, M.D.</u> (Degree or title)				22b. ADDRESS <u>1218 Main Maryville, Mo.</u>				22c. DATE SIGNED <u>10/25/57</u>			
23a. BURIAL, CREMATION, REMOVAL, (Specify)		23b. DATE <u>Oct 25-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Columba</u>			23d. LOCATION (City, town, or county) (State) <u>Conception Mo.</u>				
24. FUNERAL DIRECTOR <u>Johnson Funeral Home</u> Address <u>Conception, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>11-1-57</u>		25. REGISTRAR'S SIGNATURE <u>Bess I full-</u>					

VS NOV 4 1953

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 *Ross E. Johnson*

Licensed Embalmer No. *495*

P. O. Address *Stamper*

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.