

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009000

STATE FILE NUMBER
313

FILED MAR 31 1958

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 313

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1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) (If institution: Residence before death) a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp.		Length of stay in lb life	d. STREET ADDRESS 1014 1/2 So. 12th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) WILLIAM			First WILLIAM	Middle	Last WIEMAN, Jr.
4. DATE OF DEATH March 10, 1958		Month March	Day 10	Year 1958	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 2, 1894	9. AGE (In years last birthday) 64	F UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) warehouse foreman		10b. KIND OF BUSINESS OR INDUSTRY Furniture	11. BIRTHPLACE (City and state or country) St. Joseph, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William Wieman		13b. MOTHER'S MAIDEN NAME Emma Trossel		14. NAME OF HUSBAND OR WIFE Esther	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or, unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. 491-09-1906	17. INFORMANT Address Mrs. William Wieman, 1014 1/2 S. 12th St. St. Joseph, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis					INTERVAL BETWEEN ONSET AND DEATH 7 hours
Conditions, if any, which gave rise to above cause (a), stating the under- lying 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)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 2			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION 4201		COUNTY	STATE
21. I attended the deceased from Mar. 10, 1958 to Mar. 10, 1958 and last saw her alive on Mar. 10, 1958 Death occurred at 2:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>J. J. Mattheis</i> (Degree or title)			22b. ADDRESS 2603 Frederick		22c. DATE SIGNED 3/12/58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Mar. 13, 1958	23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		23d. LOCATION (City, town, or country) St. Joseph Missouri	(State)
24. FUNERAL DIRECTOR <i>Heston Bowman</i>		ADDRESS St. Joseph, Mo	25. DATE RECD. BY LOCAL REG. Mar. 17, 1958	26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Earl</i>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be stated. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

MAY 21 1958
APR 1 1958

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 *Eugene Wood*

Licensed Embalmer No. *3864*
P. O. Address *314 1/2 St. St. Joseph*

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.