

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043489

STATE FILE NUMBER

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

Registration District No. <u>57</u>		Primary Registration District No. _____		Registrar's No. _____	
1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
a. COUNTY <u>Carroll</u>			a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>De Witt</u>			c. CITY OR TOWN <u>De Witt</u> <u>0176</u>		
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4 mi North</u>			d. STREET ADDRESS (If outside, give location) <u>4 mi North</u>		
Length of stay in lb <u>63 yrs</u>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <u>Rudolph</u> Middle <u>Henry</u> Last <u>Wiese</u>			Month <u>12</u> Day <u>18</u> Year <u>58</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	
8. DATE OF BIRTH <u>3-4-1876</u>		9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR IF UNDER 24 HRS.	
WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		Months _____ Days _____ Hours _____ Min. _____			
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>Poland</u>			12. CITIZEN OF WHAT COUNTRY? <u>4 U.S.</u>		
13. FATHER'S NAME <u>August Wiese</u>			14. MOTHER'S MAIDEN NAME <u>Julie Kempf</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>495-40-4518</u>		
17. INFORMANT <u>Mrs Pauline Wiese</u>			Address <u>R.R.#1 DeWitt, Mo</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>Pneumonia, Viral</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(n) <u>Cerebral hemorrhage - left hemiplegia - 1956</u>					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</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.) <u>492X</u>					
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ 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 _____ COUNTY _____ STATE _____	
21. I attended the deceased from <u>11-15-58</u> to <u>12-18-58</u> and last saw ^{her} him alive on <u>12-18-58</u>					
Death occurred at <u>12:15 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>M. H. Stued</u> (Degree or title)			22b. ADDRESS <u>Brunswick, Mo.</u>		22c. DATE SIGNED <u>12-19-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-20-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>DeWitt, Mo.</u>
24. FUNERAL DIRECTOR <u>Heisel Funeral Home</u> ADDRESS <u>Brunswick, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-23-58</u>		26. REGISTRAR'S SIGNATURE <u>Pearl Koch</u>	

(Licensed Embalmer's Statement on Reverse Side)

SEP 29 1960

MS
AUG 5 1960

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 *Herald A. Burger*.....
Licensed Embalmer No. 476

P. O. Address *Bremen*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.