

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000173
STATE FILE NUMBER

9
FILED JAN 27 1959

Registration District No. 032 Primary Registration District No. Registrar's No. 9

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u>	
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) <u>Lutesville</u>		c. CITY OR TOWN <u>Piedmont</u> ¹¹¹⁰	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>BOND Nursing Home</u>		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb <u>1 yr</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Sidney</u> Middle <u>Elizabeth</u> Last <u>Wiese</u>			4. DATE OF DEATH Month <u>1</u> Day <u>11</u> Year <u>59</u>			
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>5-29-1879</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Near Piedmont, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Hiram Jefferson Kimes</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Dafforn</u>	14. NAME OF HUSBAND OR WIFE <u>Edwin Wiese</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Lee Wise Carver</u>	Address <u>Piedmont, Mo.</u>
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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>Sepsis</u> DUE TO (b) <u>Pneumonia</u> DUE TO (c) <u>Incumbency (Fracture right hip)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I <u>arteriosclerotic heart disease</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.)
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20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u>	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>Piedmont</u>	COUNTY <u>Wayne</u>	STATE <u>Mo.</u>
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21. I attended the deceased from <u>1-22-58</u> to <u>1-11-59</u> and last saw her alive on <u>1-11-59</u> Death occurred at <u>1</u> <u>A</u> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>William J. Frutas</u>	(Degree or title) <u>3</u>	22b. ADDRESS <u>Lutesville Mo</u>	22c. DATE SIGNED <u>1-16-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-12-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Piedmont, Mo.</u>
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24. FUNERAL DIRECTOR <u>Norman W. Gish</u>	ADDRESS <u>Piedmont, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>1-19-59</u>	26. REGISTRAR'S SIGNATURE <u>New Buford Crader</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Marvin E. Bowles.....

Licensed Embalmer No. 4426
P. O. Address Piedmont, NC

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.