ealth,
Welfare
ublic
ervice

300
-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000899
STATE FILE NUMBER

FILED JAN 12 1959

Registration District No. 118 Primary Registration District No. 5438 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY Gasconade
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brush Creek Twp — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Farm Home — Length of stay in Ib lifetime

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Gasconade
c. CITY OR TOWN Owensville 0370 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rural Route 3 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Viola Middle: Sidney Last: Wiemann

4. DATE OF DEATH Month Day Year: Jan. 5, 1959

5. SEX female

6. COLOR OR RACE white

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH 3-25-1879

9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework

10b. KIND OF BUSINESS OR INDUSTRY own home

11. BIRTHPLACE (City and state or country) Owensville, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George Riley Stovall

13b. MOTHER'S MAIDEN NAME Eliza Jenkins

14. NAME OF HUSBAND OR WIFE Theodore Wiemann

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT Address: Mrs. Walter Brinkmann Owensville, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Thrombosis	6 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerosis	2 yrs +
DUE TO (c)	Hypertension	2 yrs +

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 12-30-58 to 1-5-59 and last saw ~~him~~ her alive on 1-4-59
Death occurred at 4:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul Brinker (Degree or title) MD

22b. ADDRESS Owensville, Mo.

22c. DATE SIGNED 1-7-59

23a. BURIAL, CREMATION, REMOVAL (Specify) burial

23b. DATE 1-8-1959

23c. NAME OF CEMETERY OR CREMATORY Collier Cemetery

23d. LOCATION (City, town, or county) (State) near Owensville, Mo.

24. FUNERAL DIRECTOR Milford H. Winter **ADDRESS** Owensville

25. DATE RECD. BY LOCAL REG. January 8, 1959

26. REGISTRAR'S SIGNATURE Mrs. Marian Tappmeyer

(Licensed Embalmer's Statement on Reverse Side)

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 ....Milford H. H. Winter

Licensed Embalmer No....3838

P. O. Address...OWENSVILLE

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.