

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010318
STATE FILE NUMBER

FILED APR 6 1959 Registration District No. 257 Primary Registration District No. 4391 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Osage				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Osage				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Argyle, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Argyle, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Her Home		Length of stay in lb 5 Yrs.		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Kate Middle Last Wiesmann				4. DATE OF DEATH Month March Day 29 Year 1959				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Aug. 22, 1879.		9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 7 Days 1	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME William Bettels				14. MOTHER'S MAIDEN NAME Margaret Hoile				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. none		17. INFORMANT Address Rev. Henry W. Wiesmann, Argyle, 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) Cerebral Hemorrhage							INTERVAL BETWEEN ONSET AND DEATH 4 hrs. and 3 days following stroke	
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) 331X							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
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.)					
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 Argyle Mo		COUNTY Osage STATE Mo.		
21. I attended the deceased from 1-10-57 to 3-29-59 and last saw her him alive on 3-29-59 Death occurred at 7:45 Am on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE W.H. Moore, D.O. (Degree or title)				22b. ADDRESS Argyle Mo		22c. DATE SIGNED 3-30-59		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)	
Burial		3/31/59	St. Aloysius		Argyle, Mo.		Mo.	
24. FUNERAL DIRECTOR McV. Cunningham			ADDRESS Vienna, Mo.		25. DATE RECD. BY LOCAL REG. 3-31-59		26. REGISTRAR'S SIGNATURE Mrs. T.A. Dubrouillet	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
000-56
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Att. physician, coroner, etc. must use only standard nomenclature in form for the symptoms written or stated. At

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

VS OCT 1 0 1959

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 *W. P. Birmingham*.....

Licensed Embalmer No. *36*

P. O. Address *Union*

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.