

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018569

STATE FILE NUMBER

FILED MAY 25 1959

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 122

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Maryville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Maryville</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		Length of stay in lb <u>18 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>0745</u>
3. NAME OF DECEASED (Type or print) First <u>Valentine</u> Middle <u>George</u> Last <u>Wiederholt</u>		4. DATE OF DEATH Month <u>5</u> Day <u>19</u> Year <u>1959</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>2-11-1895</u>
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>
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>Conception, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Charles Wiederholt</u>	
14. MOTHER'S MAIDEN NAME <u>Magalen Walter</u>		15. NAME OF HUSBAND OR WIFE <u>Mrs Mary Wiederholt</u>	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, unknown) (If yes, give war or dates of service) <u>No</u>		17. SOCIAL SECURITY NO. <u>487-14-9157</u>	18. INFORMANT <u>Mrs Mary Wiederholt</u> Address <u>Maryville Mo.</u>
18. CAUSE OF DEATH (Enter only one cause for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion</u> DUE TO (b) <u>Coronary Atherosclerosis</u> DUE TO (c) <u>  </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>  </u>			INTERVAL BETWEEN ONSET AND DEATH <u>Just</u> <u>&gt; 5 yrs</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.)	
20c. TIME OF INJURY Hour <u>  </u> Month, Day, Year a.m. <u>  </u> p.m. <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 COUNTY STATE	
21. I attended the deceased from <u>June 1958</u> to <u>5/19/59</u> and last saw her alive on <u>5/18/59</u> Death occurred at <u>3:45</u> A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Goth Rempel M.D.</u>		22b. ADDRESS <u>Maryville Mo.</u>	22c. DATE SIGNED <u>5/20/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5/31/1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St Columba</u>	23d. LOCATION (City, town, or county) (State) <u>Conception Mo.</u>
24. FUNERAL DIRECTOR'S ADDRESS <u>Maryville</u>		25. DATE RECD. BY LOCAL REG. <u>5-20-59</u>	26. REGISTRAR'S SIGNATURE <u>Bea Bolt</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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SEP 18 1968

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 *G. M. Alekisa*

Licensed Embalmer No. *3379*  
P. O. Address *Marysville*

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.