

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035765

STATE FILE NUMBER

Registration District No. 4 Primary Registration District No. _____ Registrar's No. 116

AMENDED

FILED NOV 2 1961

1. PLACE OF DEATH a. COUNTY <u>Aitchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clark Township</u>		c. CITY OR TOWN <u>Corning</u>	
Length of stay in 1b <u>9 days</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>8 miles S.W. of Fairfax</u>		d. STREET ADDRESS (If outside, give location) <u>_____</u>	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Henry</u> Middle <u>Gustav</u> Last <u>Viets</u>			4. DATE OF DEATH Month <u>October</u> Day <u>12</u> Year <u>1961</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>5/16/1883</u>	9. AGE (last birthday) <u>78</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>On farm</u>		11. BIRTHPLACE (City and state or country) <u>Corning, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Viets</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Danman</u>		14. NAME OF HUSBAND OR WIFE <u>Martha Viets</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Martha Viets - Corning, Mo.</u>			

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) <u>Cerebral thrombosis</u>		<u>1 day</u>	
DUE TO (b) <u>cerebral arteriosclerosis</u>		<u>years</u>	
DUE TO (c) _____		_____	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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 _____ a.m. _____ p.m. Month, Day, Year _____					

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>Rock Port, Mo.</u>		COUNTY _____ STATE _____
21. I attended the deceased from <u>10/11/61</u> to <u>10/12/61</u> and last saw her/him alive on <u>10/12/61</u> Death occurred at <u>8:00</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>John M. Wansmaker M.D.</u>		22b. ADDRESS <u>Rock Port, Mo.</u>		22c. DATE SIGNED <u>10/25/61</u>
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23a. BURIAL, CREMATION, or REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10/15/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hunter</u>		23d. LOCATION (City, town, or county) (State) <u>Near Rock Port, Mo.</u>
24. FUNERAL DIRECTOR <u>Wilber L. Scholer - Craig, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10/24/1961</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. M. A. Scholer</u>

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

MAY 22 1962

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 myself, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wilber L. Schoeder

Licensed Embalmer No. 3997

P. O. Address Craig, Mo.

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.