MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-005994
STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 22

FILED FEB 26 1962

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Cooper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Boonville — Length of stay in Tb: 2 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Joseph's Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Cooper
c. CITY OR TOWN: Boonville — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Messinger Nursing Home — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: HENRY Middle: ---- Last: VIETH
4. DATE OF DEATH Month Day Year: February 21, 1962
5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6/1/79
9. AGE (last birthday): 82 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired farmer
10b. KIND OF BUSINESS OR INDUSTRY: agriculture
11. BIRTHPLACE (City and state or country): Germany
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Jacob Vieth
13b. MOTHER'S MAIDEN NAME: Cecilia Engelbrecht
14. NAME OF HUSBAND OR WIFE: Emma Bosau Vieth
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.: unknown
17. INFORMANT: Mrs John Wassman Address: Boonville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): GENERALIZED AND CEREBRAL ARTERIOSCLEOSIS — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): WITH ARTERIOSCLEROTIC HEART DISEASE, — YEARS
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): PNEUMONIA, RIGHT LUNG.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 6/27/59 to 2/21/62 and last saw her/him alive on 2/21/62
Death occurred at 9:35 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: S. Weta, MD. (Degree or title)
22b. ADDRESS: 329 Main St., Boonville, Mo
22c. DATE SIGNED: 2/22/62

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 2/23/62
23c. NAME OF CEMETERY OR CREMATORY: Walnut Grove Cem.
23d. LOCATION (City, town, or county) (State): Boonville, Missouri

24. FUNERAL DIRECTOR: B. W. Thacher ADDRESS: Boonville, Mo.
25. DATE RECD. BY LOCAL REG.: 2/22/62
26. REGISTRAR'S SIGNATURE: D. Hooper

(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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Berry W. Thacker

Signature of Student Embalmer

Licensed Embalmer No. 3944

P. O. Address Boonville, N

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.