

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 12 1956

10. 300
10. 48

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 263

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a: STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY OR TOWN <u>Hurlingen</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>Life</u>		• STREET ADDRESS (If rural, give location) <u>R.R. #2 Easton</u>	
d. FULL NAME OF PARISH, CHURCH, HOSPITAL OR INSTITUTION <u>Parish of St. Snyr Slope 3225 So. 11th Street</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>B.</u> c. (Last) <u>Wiedmaier</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 4, 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 19, 1877</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months _____ Days _____
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>Farm Owner</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hurlingen, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>John Wiedmaier</u>	13b. MOTHER'S MAIDEN NAME <u>Walburga Waller</u>	14. NAME OF HUSBAND OR WIFE <u>Rosie Wiedmaier</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Stella Wiedmaier, Hurlingen</u>	ADDRESS _____
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18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION <u>Missouri</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 hr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis - Gen</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Previous cerebral vascular disease</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>331x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 5-14 1954 to 3-3 1956, that I last saw the deceased alive on 3-4 1956, and that death occurred at 1:20 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert A. Giebler, MD.</u> (Degree or title) <u>MD.</u>	23b. ADDRESS <u>St. Joseph, Mo</u>	23c. DATE SIGNED <u>2-5-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar 7, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery Hurlingen, Missouri</u>	24d. LOCATION (City, town, or county) (State) _____
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DATE REC'D BY LOCAL REG. <u>Mar 9, 1956</u>	REGISTRAR'S SIGNATURE <u>Cather M. Allison</u>	485	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Sidenfaden</u>	ADDRESS <u>St. Joseph Mo</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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 Richard E. Nichols....., Student Embalmer No...521..... working under my personal supervision..

Student Richard E. Nichols.....
Signature of Student Embalmer

Signed Robert H. Gaph.....

Licensed Embalmer No. 334.....

P. O. Address St. Joseph.....

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.