

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040248

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF *R.W. Kieber, M.D.* MEDICAL CERTIFICATION

Registration District No. 042 Primary Registration District No. _____ Registrar's No. 1248 STATE FILE NUMBER

FILED DEC 11 1961

1. PLACE OF DEATH
 a. COUNTY Buchanan
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marion Twp. Length of stay in 1b Life
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD # 1 Easton, Mo. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Buchanan
 c. CITY OR TOWN Easton Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) RFD # 1 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First ROSA Middle ANN Last WIEDMAIER 4. DATE OF DEATH Month December Day 3 Year 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 5-14-1875 9. AGE (last birthday) 86 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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY At Home 11. BIRTHPLACE (City and state or country) Easton, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME William Fisher 13b. MOTHER'S MAIDEN NAME Louisa Wiedmaier 14. NAME OF HUSBAND OR WIFE Joseph B. Wiedmaier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. _____ 17. INFORMANT Stella Wiedmaier Address R 1 Easton, 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 Vascular Accident - Recurrent INTERVAL BETWEEN ONSET AND DEATH Sudden
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis Gen (pro.) Yrs.
 DUE TO (c) Old Hypertension - untreated Yrs.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus 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 5-18-54 to 12-3-61 and last saw her him alive on 11-7-61
 Death occurred at 5:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert F. W. Kieber, M.D. (Degree or title) 22b. ADDRESS St Joseph, Mo 22c. DATE SIGNED 12-4-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 12-6-61 23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery 23d. LOCATION (City, town, or county) (State) Hurlingen, Mo.

24. FUNERAL DIRECTOR H. D. Sidenfahn & Son ADDRESS St Joseph Mo 25. DATE RECD. BY LOCAL REG. Dec. 6, 1961 26. REGISTRAR'S SIGNATURE Mr. Clark Standell
R.R. 4. (Licensed Embalmer's Statement on Reverse Side)

Dr. Kiefer

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 _____

Robert L. Geph

Licensed Embalmer No. 3308

P. O. Address St. Joseph, 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.