

FILED AUG 8 1949

STANDARD CERTIFICATE OF DEATH

State File No. 24399

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>4427</u>		Registrar's No. <u>97</u>	
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u>		c. LENGTH OF STAY (in this place) <u>1 1/2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>		d. STREET ADDRESS (If rural, give location) <u>705 West 12th</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LENA</u> b. (Middle) <u>EMMA</u> c. (Last) <u>WIESE</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>July 29, 1949</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Feb. 4, 1890</u>		9. AGE (In years last birthday) <u>59</u>	10. MONTHS <u>5</u>	11. DAYS <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>		11. BIRTHPLACE (State or foreign country) <u>Rolla, Phelps County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Wiese</u>		13b. MOTHER'S MAIDEN NAME <u>Wilmena Burmaster</u>		14. NAME OF HUSBAND OR WIFE <u>XX</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>XX</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles Wiese, 705 West 12th, Rolla Mo.</u>			
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Non specific Meningitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Brain abscess</u> DUE TO (c) <u>Break down of glioma</u>				INTERVAL BETWEEN ONSET AND DEATH <u>48 hours</u> <u>2 weeks</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <u>7/19/49</u> , 19 <u>49</u> , to <u>7/29</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>7/29</u> , 19 <u>49</u> , and that death occurred at <u>9:45 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm. C. Buckthorpe</u> (Degree or title) <u>DO.</u>				23b. ADDRESS <u>Rolla Mo.</u>		23c. DATE SIGNED <u>8/2/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 1, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rolla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rolla Phelps Missouri</u>		
DATE REC'D BY LOCAL REG. <u>8-4-49</u>		REGISTRAR'S SIGNATURE <u>Helena C. Buckthorpe</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. V. ...</u>		ADDRESS <u>Rolla Mo.,</u>	

AUG 4 1949

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.

Signed _____

S. B. Y. Neal

Signed _____

Student Embalmer

Licensed Embalmer No. _____

3397

P. O. Address _____

Rolla 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 this body is not embalmed, fact should be so stated above.