

FILED NOV 3 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34688**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 4349 Registrar's No. 20

|   |   |   |   |
|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>MORGAN</u>              |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>MORGAN</u> |   |
| b. CITY OR TOWN <u>STOVER</u>                             | c. LENGTH OF STAY (in this place) <u>30 yrs</u> | c. CITY OR TOWN <u>STOVER</u>   | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STOVER Mo.</u> |   | e. STREET ADDRESS (If rural, give location) <u>STOVER MO. 0710</u>  |   |

|  |                               |   |  |   |                                   |
|--|-------------------------------|---|--|---|-----------------------------------|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>WILHELMINA CAROLINE</u> b. (Middle) <u>WIECHERT</u> c. (Last) <u>WIECHERT</u> |                               |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 26 1954</u>            |   |                                   |
| 5. SEX <u>FEMALE</u>   | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | 8. DATE OF BIRTH <u>MARCH 18 1869</u>                                | 9. AGE (In years last birthday) <u>85</u> | 10. <u>7</u> MONTHS <u>8</u> DAYS |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>                       |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>                         | 11. BIRTHPLACE (City and State or Foreign Country) <u>STOVER MO.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>  |                                   |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 13a. FATHER'S NAME <u>HENRY FISCHER</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>WILHELMINA TAGMEYER</u> |  | 14. NAME OF HUSBAND OR WIFE <u>FRED C. WIECHERT</u>                       |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) |  | 16. SOCIAL SECURITY NO.                              |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Laura Koester Stover Mo.</u> |  |

|   |  |                       |  |                                  |  |
|---|--|-----------------------|--|----------------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)   |  | MEDICAL CERTIFICATION |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>degenerative heart disease</u>  |  | DUE TO (b) <u>L</u>   |  | 2 yrs                            |  |
| ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.            |  | DUE TO (c) <u>L</u>   |  |                                  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  | <u>L</u>              |  |                                  |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 19a. DATE OF OPERATION                                |  | 19b. MAJOR FINDINGS OF OPERATION <u>none</u>   |  | 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) <u>Stover Morgan Missouri</u>    |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) |  | 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 Jan 1952, to Oct 26 1954, that I last saw the deceased alive on Oct 25 1954, and that death occurred at 11:15 AM, from the causes and on the date stated above.

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 23a. SIGNATURE <u>A J Gunn MD</u> (Degree or title)     |  | 23b. ADDRESS <u>Versailles Mo</u>            |  | 23c. DATE SIGNED <u>10/26/54</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> |  | 24b. DATE <u>OCT 28 1954</u>                 |  | 24c. NAME OF CEMETERY OR CREMATORY <u>STOVER CEMETERY</u>               |  |
| DATE REC'D BY LOCAL REG. <u>Oct 29 - 1954</u>           |  | REGISTRAR'S SIGNATURE <u>Wm. R. Apperger</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A J Stevenson Stover Mo</u> |  |

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

FEB 23 1955

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 *J. R. Stevenson*

Licensed Embalmer No. *48*

P. O. Address *Stover*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.