

STANDARD CERTIFICATE OF DEATH

27623

FILED SEP 10 1956

State File No. _____
Registrar's No. 24

BIRTH NO. 39729-54 REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 9218

1. PLACE OF DEATH a. COUNTY Maries		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Osage	
b. CITY (If outside corporate limits, write RURAL and give township) Vienna, Mo.		c. CITY OR TOWN Freeburg, Mo.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (If in place) 30 Min		e. STREET ADDRESS (If rural, give location) 07101	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Betty b. (Middle) Ann c. (Last) Wieberg			4. DATE OF DEATH (Month) (Day) (Year) Aug. 28, 1956.		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH June 4, 1956.	9. AGE (In years) (Last birthday) 2	IF UNDER 1 YEAR Months 2 Days 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Vienna, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Edward Wieberg	13b. MOTHER'S MAIDEN NAME Marie Steinman	14. NAME OF HUSBAND OR WIFE
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 Edward Wieberg, Freeburg, Mo.		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 0 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ulceration of small bowel with hemorrhage		
	ANTECEDENT CAUSES DUE TO (b) Acute enteritis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 5710	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) (Minute)	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 6-4-56 , 19___, to 8-28-56 , 19___, that I last saw the deceased alive on 8-17-56 , 19___, and that death occurred at 1:05 PM. , from the causes and on the date stated above.		

23a. SIGNATURE (Ink or type) D. C. Howard, att.	23b. ADDRESS Vienna, Missouri	23c. DATE SIGNED 9-7-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/29/56	24c. NAME OF CEMETERY OR CREMATORY Holy Family Cemetery
		24d. LOCATION (City, town, or county) (State) Freeburg, Mo.

DATE REC'D BY LOCAL REG. 9-7-56	REGISTRAR'S SIGNATURE Pauline Howard	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. C. Birmingham Vienna, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

188-6

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.....

Licensed Embalmer No. 366

P. O. Address.....

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.