

FILED FEB 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **3907**

BIRTH NO.		REG. DIST. NO. 44	PRIMARY REG. DIST. NO. 4061	Registrar's No. 6
1. PLACE OF DEATH a. COUNTY CALDWELL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CALDWELL		
b. CITY OR TOWN BRAYMER		c. LENGTH OF STAY (In this place) LIFETIME	c. CITY OR TOWN BRAYMER	d. 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 CITY LIMITS		e. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) FRANK WILBUR WIDMIER		a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH 2/6/1957		4. DATE OF DEATH (Month) (Day) (Year)		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 4/3/1885	9. AGE (In years last birthday) 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER, COMMON		10b. KIND OF BUSINESS OR INDUSTRY SAME	11. BIRTHPLACE (City and State or Foreign Country) BRAYMER, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JOHN WIDMIER		13b. MOTHER'S MAIDEN NAME LAURA SHOUSE	14. NAME OF HUSBAND OR WIFE OLA M. WIDMIER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME OLA M. WIDMIER, BRAYMER, MO.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH instant
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) dating the underlying cause last. DUE TO (b) Coronary Thrombosis 1 yr.		
		DUE TO (c)		
		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		20. AUTOPSY? 4201	YES <input type="checkbox"/> NO <input 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) BRAYMER, MO.		
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 Feb 6, 1957 , to Feb 6, 1957 , that I last saw the deceased alive on Feb 6, 1957 , and that death occurred at 10:15 am. , from the causes and on the date stated above.				
23a. SIGNATURE [Signature]		(Degree or title) Dr.	23b. ADDRESS Braymer, Mo.	23c. DATE SIGNED Feb 11/57
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2/8/1957	24c. NAME OF CEMETERY OR CREMATORY EVERGREEN CEMETERY	24d. LOCATION (City, town, or county) (State) BRAYMER, MO.	
DATE REC'D BY LOCAL REG. 2-21-57	REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Gene C. Michael, Braymer, Mo.	

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 _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Gene C. Michael

Licensed Embalmer No. 4340

P. O. Address Braymer, 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.