

Dept. Health,
U. S. Public
Health Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

47131
STATE FILE NUMBER

FILED JAN 8 1958

Registration District No. 379 Primary Registration District No. 6282 Registrar's No. 6

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Wright	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Norwood (Clark Township) TOWN		c. CITY OR TOWN Norwood Inside Limits? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.F.D. #1		d. STREET ADDRESS (If outside, give location) R.F.D.#1 Reside on Farm? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Hazel Middle Luella Last Vierkant		4. DATE OF DEATH Month December Day 29 Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 17, 1892
9. AGE (In years last birthday) 65		10. FUNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
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) Belmont, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Issac Newton Meacham	
13b. MOTHER'S MAIDEN NAME Lottie Luick		14. NAME OF HUSBAND OR WIFE Harry B. Vierkant	
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 Harry B. Vierkant		Address Norwood, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Laryngeal Carcinoma			INTERVAL BETWEEN ONSET AND DEATH 5 minutes
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4201H	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 Dec 21, 1957 , to Dec 29, 1957 and last saw her alive on Dec 24, 1957 Death occurred at 4:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Walter D. McNeil, D.O.</i>		22b. ADDRESS Manassas, Va.	
22c. DATE SIGNED 1-1-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE January 3, 58		23c. NAME OF CEMETERY OR CREMATORY Mason City Cemetery	
23d. LOCATION (City, town, or country) Mason City, Iowa		(State)	
24. FUNERAL DIRECTOR Barber Funeral Home		ADDRESS Mtn. Grove, Mo	
25. DATE RECD. BY LOCAL REG. 1-1-1958		26. REGISTRAR'S SIGNATURE <i>Wm. R. ...</i>	

Securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Date Filed 1-6-58
 County File Number 138-3
 WRIGHT CO. HEALTH DEPT.
 ELECTED 1-6-58

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 *George Stapp*

Licensed Embalmer No. 3161

P. O. Address *W. Stapp, Jr.*

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.