

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008999
STATE FILE NUMBER

FILED APR 7 1958

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 858

Health, Welfare
Public Service

300
-57

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph		Inside Limits <input type="checkbox"/> <input checked="" type="checkbox"/>
c. FULL NAME OR PARKVIEW AT SUNNYSLOPE HOSPITAL OR INSTITUTION 3325 So. Lith			Length of stay in lb		d. STREET ADDRESS (If outside, give location) 3518 Messanie St.
3. NAME OF DECEASED (Type or print) First Middle Last CATHERINE WIEDENMAN			4. DATE OF DEATH Month Day Year March 31, 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 18, 1869	9. AGE (In years last birthday) 88	FUNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Doniphan Co., Kansas		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Michael Wiedenman		13b. MOTHER'S MAIDEN NAME Catherine Klas		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Joseph Stoeckle St. Joseph, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive Arteriosclerotic cardio-vascular disease with Failure 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)					INTERVAL BETWEEN ONSET AND DEATH 3 4 days 443X
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.) 2			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
20d. INJURY OCCURRED WHILE AT WORK <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 2-21-55 to 3-31-58 and last saw her alive on 3-27-58 Death occurred at 10:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Wm B. Post M.D.			22b. ADDRESS 316 No 10th St Joseph		22c. DATE SIGNED 3-31-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Apr. 2, 1958	23c. NAME OF CEMETERY OR CREMATORY St. Calvary Cemetery		23d. LOCATION (City, town, or county) (State) Wathena, Kans.
24. FUNERAL DIRECTOR Herman W. Lindgren		25. DATE RECD. BY LOCAL REG. St. Joseph Mo April 1, 1958		26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. NO symptoms with which the deceased was afflicted must be causally related.

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 *Robert H. Geph*

Licensed Embalmer No. *3308*
P. O. Address *St. Joseph, 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.